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

TABLE OF CONTENTS

RUC Cover Letter	**1**
RUC Reaffirmation of Previous Recommendations	**2**
RUC Recommendations Status Report: New and Revised Codes	**3**
RUC Recommendations for Existing Codes	**4**
RUC Relativity Assessment Workgroup Progress Report	**5**
CMS Requests and Relativity Assessment Workgroup Status Report	**6**
RUC Referrals to CPT Editorial Panel	**7**
RUC Recommendations to Develop CPT Assistant Articles	**8**
New Technology/New Services List	**9**
New Technology/Services Timeline	**10**
Specialty and Acronym List	**11**

AMA
AMERICAN MEDICAL ASSOCIATION

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October 24, 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 October 5-8, 2016 RUC meeting.

CPT 2018 New and Revised Codes – *October 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 October 2016 meeting. The RUC submits work value and/or practice expense inputs for 15 new/ revised/related family CPT codes from the October meeting.

- Four codes (Psychiatric Collaborative Care Management) were deferred to the January 2017 RUC meeting.

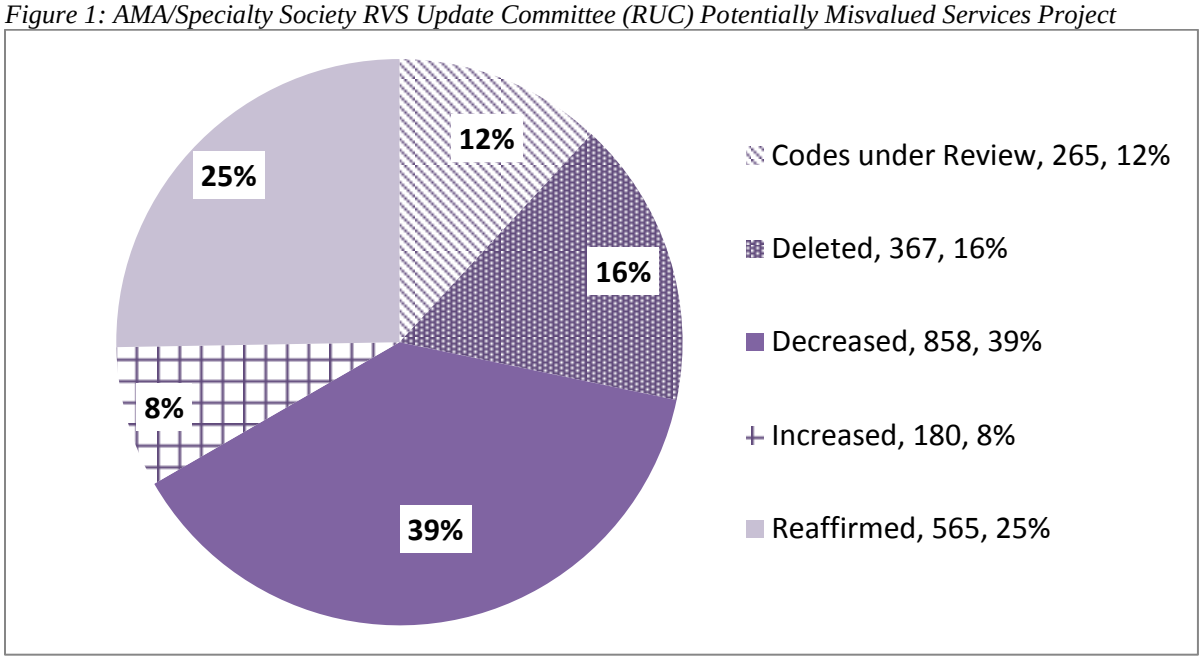
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 58 services identified by the RUC or CMS as potentially misvalued and reviewed at the October 2016 RUC meeting. The RUC recommends work relative values for 47 codes; direct practice expense inputs only for 3 codes; deferral to the January 2017 meeting for 5 codes; and 3 codes referred to the CPT Editorial Panel.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,235 potentially misvalued services through objective screening criteria and has completed review of 1,970 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



RUC Identified Potentially Misvalued Services

The RUC established a screen to examine services that were established by CMS/Other methodology. These services have not been 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. In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more and identified Physician Recertification codes G0179 and G0180, Home Healthcare Supervision codes 99375, 99378, G0181 and G0182 and Annual Wellness Visit codes G0438 and G0439.

Over several meetings the RUC reviewed the history of these G-codes and recommended that these services be surveyed for physician work and direct practice expense inputs for the October 2016 meeting. These services were placed on the standard level of interest (LOI) form for survey. However, no specialty societies indicated an interest to survey these services, stating they are not potentially misvalued because these are Medicare established codes and CMS has not identified them as potentially misvalued. However, they would surely endorse a RUC survey of this code if identified by CMS as misvalued and requested by the RUC for review.

In the past, specialty societies have conducted RUC surveys and the RUC has provided recommendations on G-codes without the initial identification by CMS. **The RUC is notifying the Agency that it has identified G0179, G0180, 99375, 99378, G0181, G0182, G0438 and G0439 as potentially misvalued, but will not be submitting recommendations for these services due to the lack of specialty society interest.**

Reaffirmation of Previous RUC Recommendations

In the *Notice for Proposed Rulemaking for 2017*, CMS proposes options for Improving Payment Accuracy for Primary Care, Care Management, and Patient-Centered Services. The RUC has previously evaluated and provided recommendations for many non-face-to-face services. **The RUC requests that CMS unbundle these services and implement the previous RUC recommendations for Medicare payment of the following services:**

- Medical Team Conference, CPT codes 99366-99368
- Telephone Services, CPT codes 99441-99443 and 98966-98969
- Education and Training for Patient Self-Management, CPT codes 98960-98962
- Analysis of Computer Transmitted Data, CPT codes 99091
- Interprofessional Consultations, CPT codes 99446-99449

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 2,235 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.

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

- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the October 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 528 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,



Peter K. Smith, MD

Enclosures

cc: Carol Blackford
Edith Hambrick, MD
Ryan Howe
Karen Nakano, MD
Steve Phurrough, MD
Marge Watchorn
RUC Participants

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

April 2005

Education and Training for Patient Self Management

The CPT Editorial Panel created three new codes to describe educational and training services prescribed by a physician and provided by a qualified, non-physician healthcare professional. There is no physician work associated with these services. The RUC considered recommendations for direct practice expense inputs only. The RUC reviewed inputs for CPT code 98960 *Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient*, 98961 *2-4 patients* and 98962 *5-8 patients*. **The RUC assessed and modified the practice expense inputs, which are attached to this recommendation.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
• 98960	K1	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	XXX	0.00 (PE Inputs Only)
• 98961	K2	2-4 patients	XXX	0.00 (PE Inputs Only)
• 98962	K3	5-8 patients	XXX	0.00 (PE Inputs Only)

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AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Education and training for patient self-management by a qualified, non-physician health care professional, e.g. RD or RN, using a standardized curriculum

[Note: The CPT panel approved this generic code set with the intent it would be used by many qualified health care professionals. While the code is 'generic,' there may be instances where the service includes different equipment based on the practitioner's skill set, the patient/client's educational objectives/desired outcomes, and the specific nature of the education and training provided.]

The American Dietetic Association (ADA) and the American Association of Clinical Endocrinologists (AACE) compiled this PE summary of recommendations which represents the "typical" clinical labor time, supplies and equipment performed by clinical endocrinologists and dieticians.

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Both the American Dietetic Association (ADA) and the American Association of Clinical Endocrinologists (AACE) individually convened expert practice expense panels to collect data for the Education and Training codes. Both groups' expert panelists represent a variety of practice settings and geographic locations.

Once each group's data was obtained, ADA and AACE then compiled each group's respective data obtained from the PE expert panel for clinical labor time, supplies and equipment.

CPT Long Descriptor:
Education and training for patient self-management by a qualified, non-physician health care professional e.g. RD or RN, using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes;

98961	Group 2-4
98962	Group 5-8

[Note: The CPT panel approved this generic code set with the intent it would be used by many qualified health care professionals. While the code is 'generic,' there may be instances where the service includes different equipment based on the practitioner's skill set, the patient/client's educational objectives/desired outcomes, and the specific nature of the education and training provided.]

CPT Code: 98960, 98961 and 98962

The American Dietetic Association (ADA) and the American Association of Clinical Endocrinologists (AACE) compiled this PE summary of recommendations, which represents the "typical" clinical labor time, supplies and equipment performed by registered dietitians and clinical endocrinologists' staff.

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Both the American Dietetic Association (ADA) and the American Association of Clinical Endocrinologists (AACE) individually convened expert practice expense panels to collect data for the Education and Training codes. Both groups' expert panelists represent a variety of practice settings and geographic locations.

Once each group's data was obtained, ADA and AACE then compiled each group's respective data obtained from the PE expert panel for clinical labor time, supplies and equipment.

Please describe the clinical activities of your staff:

98960 Disease Education Vignette
Typical Patient: A 35 year-old woman with a symptomatic established illness or disease, e.g. diabetes or asthma, or the desire to delay disease co-morbidities, e.g. cardiovascular co-morbidities, is referred by a physician to a qualified, non-physician health care professional for education/training, eg. RD or RN.

The qualified, non-physician health care professional:
Pre-Service

- Reviews relevant parts of the patient's medical record
- Reviews the physician referral

Intra-Service

- Assesses the individual's psychological, social, environmental factors, lifestyle habits, health literacy, and learning styles;
- Using a standardized curriculum, provides education/training to self-manage the illness/disease, or delay the disease co-morbidities, or use a device;
- Answers the patient's questions as part of the education and training group session

Post-Service

- Establishes a plan for follow-up evaluation and ongoing assessment of outcomes, and communicates to the patient;
- Documents the education/training provided and describes the plan for follow-up

98961 and 98962 Group Education & Training Vignette

Typical Patient: A 60 year-old man with a symptomatic established illness or disease, e.g. diabetes or asthma, or the desire to delay disease co-morbidities, e.g. cardiovascular co-morbidities, is referred by a physician to a qualified, non-physician health care professional, e.g. RD or RN, for group education/training.

The qualified, non-physician health care professional:
Pre-Service

- Reviews relevant parts of the patient's medical record for all patients involved in the group
- Reviews the physician referral for each patient

Intra-Service

- Assesses the groups' psychological, social, environmental factors, lifestyle habits, health literacy, and learning styles;
- Using a standardized curriculum, provides education/training to self-manage the illness/disease, or delay the disease co-morbidities, or use a device;
- Answers the patients' questions as part of the education and training group session

Post-Service

- Establishes a plan for follow-up evaluation and ongoing assessment of outcomes, and communicates to each patient in the group;
- Documents the education/training provided and describes the plan for follow-up education/training for each patient in the group.

	A	B	C	D	E	F
1						
2						
3						
4				CPT Code	CPT Code	CPT Code
5	RUC April/May 2005			98960 --Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	98961-- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; group 2-4 (AVERAGE SIZE IS 3)	98962-- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; group 5-8 (AVERAGE SIZE IS 6)
6	LOCATION	CMS Code	Staff Type	Non Facility	Non Facility	Non Facility
7	GLOBAL PERIOD					
8	TOTAL CLINICAL LABOR TIME	RD (L043B) and RN (LO51A)	RD & RN	38.0	18 (for each individual in the group)	13 (for each individual in the group)
9	TOTAL PRE-SERV CLINICAL LABOR TIME	RD (L043B) and RN (LO51A)	RD & RN	3.0	3.0	3.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	RD (L043B) and RN (LO51A)	RD & RN	30.0	10.0	5.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	RD (L043B) and RN (LO51A)	RD & RN	5.0	5.0	5.0
12	PRE-SERVICE					
13	Start: Following visit when decision for surgery or procedure made					
14	Complete pre-service diagnostic & referral forms			3	3	3
15	Coordinate pre-surgery services					
16	Schedule space and equipment in facility					
17	Provide pre-service education	RD (L043B) and RN (LO51A)				
18	Follow-up phone calls & prescriptions					
19	Other Clinical Activity (please specify)	RD (L043B) and RN (LO51A)				
20	End:When patient enters office/facility for surgery/procedure					
21	SERVICE PERIOD					
22	Start: When patient enters office/facility for surgery/procedure					
23	Pre-service services					
24	Review charts					
25	Greet patient					
26	Obtain vital signs					
27	Provide pre-service education/obtain consent					
28	Prepare room, equipment, supplies					
29	Setup scope (non facility setting only)					
30	Prepare and position patient/ monitor patient/ set up IV					
31	Sedate/apply anesthesia					

	A	B	C	D	E	F
4				**CPT Code**	**CPT Code**	**CPT Code**
5	**RUC April/May 2005**			**98960 --Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient**	**98961-- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; group 2-4 (AVERAGE SIZE IS 3)**	**98962-- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; group 5-8 (AVERAGE SIZE IS 6)**
6	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Non Facility**	**Non Facility**
32	**Intra-service**					
33	Perform education	RD (L043B) and RN (LO51A)	RD & RN	30	10	5
34	**Post-Service**					
35	Monitor pt. following service/check tubes, monitors, drains					
36	Clean room/equipment, store equipment/models; media equipment					
37	Clean Scope					
38	Clean Surgical Instrument Package					
39	Complete diagnostic forms, lab & X-ray requisitions: documentation & record outcomes data	RD (L043B) and RN (LO51A)	RD & RN			
40	Review/read X-ray, lab, and pathology reports					
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					
42	Discharge day management 99238 --12 minutes 99239 --15 minutes					
43	Other Clinical Activity (please specify)					
44	**End: Patient leaves office**					
45	**POST-SERVICE Period**					
46	**Start: Patient leaves office/facility**					
47	Conduct phone calls/call in prescriptions	RD (L043B) and RN (LO51A)	RD & RN	1	1	1
48	documentation and recording outcomes			4	4	4
49	*List Number and Level of Office Visits*					
50	99211 16 minutes		16			
51	99212 27 minutes		27			
52	99213 36 minutes		36			
53	99214 53 minutes		53			
54	99215 63 minutes		63			
55	Other					
56						
57	*Total Office Visit Time*					
58	Other Activity (please specify)					
59	**End: with last office visit before end of global period**					

	A	B	C	D	E	F
4				**CPT Code**	**CPT Code**	**CPT Code**
5	**RUC April/May 2005**			**98960 --Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient**	**98961-- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; group 2-4 (AVERAGE SIZE IS 3)**	**98962-- Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; group 5-8 (AVERAGE SIZE IS 6)**
6	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Non Facility**	**Non Facility**
60	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**			
61	patient education booklet	SK062	item	1	1	1
62						
63						
64						
65	**Equipment**	**CMS Code**	**Unit**			
66	computer, desktop, with monitor	ED021	1	1	33%	17%
67	printer, laser, paper	ED032	1	1	17%	8%
68	software	EQ187	1	1	33%	17%
69	PC projector ($1700)	new item- see cost data	1	1	33%	27%
70	equipment and/or models	EQ123	1	1	33%	27%
71	scale	EF016	1		7%	3%

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February and April 2007

Team Conferences

In November 2006, the CPT Editorial Panel created CPT codes 99365 *Medical team conference with interdisciplinary team of health care professionals, face to face with patient and/or family, 30 minutes or more; participation by physician* and 99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician* to differentiate team conferences at which the patient is present and when the patient is not present.

The CPT Editorial Panel also developed new codes corresponding to non-physician services. The RUC reviewed and submitted the following recommendations on the physician (MD/DO) services only. The HCPAC independently reviewed and submitted separate recommendations on the non-physicians services.

The CPT Executive Committee subsequently reconsidered CPT code 99365. Discussions initiated by the RUC process indicated that team conference services by the physician with the patient and/or family present may be reported using appropriate E/M codes. A research of materials from the creation of the E/M codes indicates that the language concerning face-to-face time and counseling and coordination of care appears to have been included so as to address meetings conducted for the purpose of coordinating care. The Executive Committee confirmed that the E/M codes would be appropriate when counseling and coordination of care dominate the service and the patient and/or family is present. It is unlikely any significant number of team conferences would not be for the purpose of counseling and/or coordination of care. The E/M codes have greater flexibility than a single code for a team conference by a physician, patient and/or family present. Therefore, the RUC proposed the CPT code 99365 be rescinded. The introductory text from the team conference section is revised to account for this interpretation by removing other restrictions and referencing E/M. The requirement for direct participation in the care of the patient remains in response to concerns that the E/M codes would be improperly reported when the physician role was simply to attend a conference about the patient. **The CPT Executive Committee recommends that CPT code 99365 be rescinded.**

The RUC reviewed the survey data for 99367 and compared it to its reference code 99374 *Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment* (Work RVU=1.10). The RUC agreed that 99374 was a good reference for the surveyed code as both codes are non-face-to-face services. Although, when comparing the two codes, the RUC noted that 99374 was deemed to be a slightly more intense procedure to perform and had slightly more total service time associated with it as compared to the surveyed code (40 minutes and 34 minutes, respectively), the RUC believed these two codes to be equal in overall work. Therefore, the RUC recommends a

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work RVU of 1.10 RVUs for 99367 which is a value slightly below the 25th percentile of the survey data. **The RUC recommends 1.10 work RVUs for 99367.**

Practice Expense:
The RUC recommends no practice expense inputs for 99367.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~Physician case management is a process in which a physician is responsible for direct care of a patient, and for coordinating and controlling access to or initiating and/or supervising other health care services needed by the patient.~~ Case management is a process in which a physician or another qualified health care professional is responsible for direct care of a patient and, additionally, for coordinating, managing access to, initiating and/or supervising other healthcare services needed by the patient. **Medical Team Conferences** Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines (each of whom provide direct care to the patient), with or without the presence of the patient, family member(s), community agencies, surrogate decision maker(s) (eg, legal guardian) and/or caregivers(s). The participants are actively involved in the development, revision, coordination and implementation of healthcare services needed by the patient. Reporting participants shall have performed face to face evaluations/treatments of the patient, independent of any team conference, within the previous 60 days. Physicians may report their time spent in a team conference with the patient and/or family present using Evaluation and Management codes and time as the key controlling factor for code selection when counseling and/or coordination of care dominates the service. These introductory guidelines do not apply to services reported using Evaluation and Management codes (see E/M services guidelines). However, the physician must be directly involved with the patient, providing face to face services outside of the conference visit with other providers or agencies. Reporting participants shall document their participation in the team conference as well as their contributed information and subsequent treatment recommendations No more than one individual from the same specialty may report 99365-99368 at the same encounter. Individuals should not report when their participation in the medical team conference is part of a facility or organizational service contractually provided by the organizational or facility provider.				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
The team conference starts at the beginning of the review of an individual patient and ends at the conclusion of the review. Time related to record keeping and report generation is not reported. The reporting participant shall be present for all time reported. The time reported is not limited to the time that the participant is communicating to the other team members or patient and/or family. Time reported for medical team conferences may not be used in the determination of time for other services such as care plan oversight (99374-99380), home, domiciliary or rest home care plan oversight (99339-99340), prolonged services (99354-99359), psychotherapy, or any Evaluation and Management service. For team conferences where the patient is present for any part of the duration of the conference, report the team conference face-to-face codes.				
D 99361		~~Medical conference by a physician with interdisciplinary team of health professionals or representatives of coummunity agencies to coordinate activities of patient care (patient not present); approximately 30 minutes~~	XXX	N/A
D 99362		~~approximately 60 minutes~~ (99361, 99362 have been deleted. To report, see 99365-9936X4)	XXX	N/A
Medical Team Conference, Direct (Face-to-Face) Contact With Patient and/or Family				
D •99365	C1	~~Medical team conference with interdisciplinary team of health care professionals, face to face with patient and/or family, 30 minutes or more; participation by physician~~	XXX	The CPT Editorial Panel's Executive Committee has deleted this procedure and has revised the introductory language to reflect this deletion

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medical Team Conference, Without Direct (Face-To-Face) Contact with Patient and/or Family				
●99367	C3	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	XXX	1.10

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99367 Tracking Number C3 Specialty Society Recommended RVU: **1.10**
Global Period: XXX RUC Recommended RVU: **1.10**

CPT Descriptor: Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with a neurological disorder, weight loss and functional limitations lives at home with a caregiver. The functional limitations include impaired cognition, mobility, communication and dependencies in basic activities of daily living. The condition is such that the problems and functional limitations are likely to be alleviated with appropriate care and therapies. The optimal care plan needs to be devised in a coordinated manner given the multiple domains requiring attention (biomedical, psychological, social and functional) and multiple healthcare professionals involved in the care of the patient. After undergoing evaluations (each reported separately) by the appropriate disciplines/specialties a team conference is convened.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: Chart review prior to conference.

Description of Intra-Service Work: The conference is attended by the physician and/or non-physician providers.

Description of Post-Service Work: This service includes the individual clinician's post conference creation of documentation of his/her participation in the team conference, including documenting contributed information and treatment recommendations, and review of the care plan for the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2007					
Presenter(s):	Alan Lazaroff, MD					
Specialty(s):	American Geriatrics Society, American Academy of Pediatrics, American Psychiatric Association, American Academy of Physical Medicine & Rehabilitation					
CPT Code:	99367					
Sample Size: 192	**Resp N:** 23	**Response:** 11.9 %				
Sample Type:	Panel					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.50	**10.00**	47.50	1000.00	
Survey RVW:	0.33	1.15	**1.30**	1.45	2.50	
Pre-Service Evaluation Time:			**10.0**			
Pre-Service Positioning Time:			**0.0**			
Pre-Service Scrub, Dress, Wait Time:			**0.0**			
Intra-Service Time:	10.00	20.00	**30.00**	30.00	45.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				

Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

**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

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 99367	
	Specialty Recommended
Physician Work RVU:	**1.10**
Pre-Service Evaluation Time:	**5.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**30.00**

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99374	XXX	1.10	**RUC Time**

CPT Descriptor Physician 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 physician development and/or revision of care plans, 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; 15-29 minutes

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Most Recent Medicare Utilization	Work RVU	Time Source
99375	XXX	214,339	1.73	**RUC Time**

CPT Descriptor 1 Physician 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 physician development and/or revision of care plans, 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

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 47.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 99367**	**Key Reference CPT Code:** 99374	**Source of Time** **RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	30.00	20.00	
Median Immediate Post-service Time	5.00	9.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**40.00**	**34.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.83	2.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.83	3.52
Urgency of medical decision making	3.00	2.78

Technical Skill/Physical Effort (Mean)

Technical skill required	3.48	3.09
Physical effort required	3.83	3.35

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.17	3.00
Outcome depends on the skill and judgment of physician	3.17	2.74
Estimated risk of malpractice suit with poor outcome	2.57	2.35

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**

Time Segments (Mean)

Pre-Service intensity/complexity	3.35	2.91
Intra-Service intensity/complexity	3.74	3.22
Post-Service intensity/complexity	3.13	2.91

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was convened with representatives from AGS. AAP, APA, and AAPMR reviewed changes in recommendations and support the AGS changes.

The description of pre service work says: N/A – this did not go to the respondents and the N/A was incorrect – there is chart review involved before the conference – the surveyees thought this took 10 min – our expert panel thought 5 min was sufficient; the description of post-service work, which also did not go to surveyees, incorrectly included some intraservice work. The only post-service work is the last sentence of the post service work description – specifically, documentation of the physicians participation and any management plan, as appropriate and review of the summary report when it comes out. The surveyees estimated that this took 15 min. We believe that the surveyees may have incorrectly assumed that post service work also included a phone call to the patient or preparing the post conference summary. Therefore, our expert panel reduced the post service time to 5 min.

Work RVUs – Our expert panel recommends 1.1 RVUs for 99367 and 1.20 RVUs for X1. The most appropriate comparator code to 99367 is 99374 which was the reference service chosen most often by respondents. Both codes are non-face-to-face codes and the intensity of 99367 is slightly lower than 99374 because multiple physicians are present at the conference and only a single physician performs 99374. 99374 has an intraservice time of 20 min and a total time of 34 minutes while 99367 has an intraservice time of 30 min and a total time of 40 minutes. The recommended work RVU of 1.1, which is identical to 99374, is based on the longer intraservice time and slightly lower intensity of 99367 as compared to 99374. This RVU is below the survey 25th percentile and places the two codes in proper rank order.

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) 99361

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Geriatrics How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 802000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty Pediatrics Frequency 200000 Percentage 24.93 %

Specialty Geriatrics Frequency 550000 Percentage 68.57 %

Specialty Physical Medicine & Rehabilitation Frequency 2000 Percentage 0.24 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 538,900 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Geriatrics Frequency 522500 Percentage 96.95 %

Specialty Physical Medicine & Rehabilitation Frequency 1400 Percentage 0.25 %

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? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

K
Tab Number

Team Conference
Issue

99361X1 and 99363
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.)

Alan Lazaruff
Signature

April 2 2007
Date

AMA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor: Medical Team Conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician

Sample Size: 9 Response Rate: (%): 56% Global Period: XXX

Geographic Practice Setting %: Rural____ Suburban_____ Urban_____

Type of Practice %: _____Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

An expert panel was used to develop direct cost inputs. An expert panel was convened with representatives from AGS. AAP, APA, and AAPMR reviewed changes in recommendations and support the AGS changes.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities:

None.

CPT Code: 99367

AMTA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Medical Team Conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician

Sample Size: 9 Response Rate: (%): 56% Global Period: XXX

Geographic Practice Setting %: Rural____ Suburban_____ Urban_____

Type of Practice %: _____Solo Practice
_____Single Specialty Group
_____Multispecialty Group
_____Medical School Faculty Practice Plan

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

An expert panel was used to develop direct cost inputs. An expert panel was convened with representatives from AGS. AAP, APA, and AAPMR reviewed changes in recommendations and support the AGS changes.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities:

None.

	A	B	C	F	G
1					
2				**CPT Code 99367**	
3	**Meeting Date: March 26, 2007**			**Code Descriptor: Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician**	
4	**LOCATION**	**Code**	**Staff Type**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MA**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MA**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MA**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MA**	**0**	**0**
10	**PRE-SERVICE**				
11	**Start: When appointment for service is made**				
12	Review/read X-ray, lab, and pathology reports				
13	Other Clinical Activity (please specify)	**L037D**	**RN/LPN/MA**	**0**	**0**
14	**End: Patient arrival at office for service**				
15	**SERVICE PERIOD**				
16	**Start: Patient arrival at office for service**				
17	Greet patient and provide gowning	**L037D**	**RN/LPN/MA**	**0**	**0**
18	Obtain vital signs				
19	Prep and position patient				
20	Prepare room, equipment, supplies				
21	Assist physician during exam	**L037D**	**RN/LPN/MA**	**0**	**0**
22	Education/instruction/counseling				
23	Coordinate home or outpatient care	**L037D**	**RN/LPN/MA**	**0**	**0**
24	Clean room/equipment				
25	Other Clinical Activity (please specify)				
26	**End: Patient leaves office**				
27	**POST-SERVICE Period**				
28	**Start: Patient leaves office/facility**				
29	Conduct phone calls between visits with patient, family, pharmacy/call in prescriptions	**L037D**	**RN/LPN/MA**	**0**	**0**
30	Other activity (please specify)				
31	*Total Office Visit Time*			0	0
32	**End: When appointment for next office visit is made**				
33	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**		
34	None				
35					

RUC HCPAC Review Board
Summary of Recommendations

February 2007

Team Conferences

The CPT Editorial Panel created CPT codes 99366 *Medical team conference with interdisciplinary team of health care professionals, face to face with patient and/or family, 30 minutes or more; participation by non-physician qualified health care professional* and 99368 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional* to differentiate team conferences at which the patient is present and when the patient is not present and differentiate the various healthcare professionals who may participate in the team conference.

The HCPAC reviewed the specialty societies survey results for codes 99366 and 99368. These services are performed by a health care professionals from various professions. Therefore, six different professions were involved in surveying these services to appropriately capture the typical time and work involved. Approximately 160 health care professionals completed the surveys for 99366 and 145 completed surveys for 99368, with median annual service performance rates of 30 and 35, respectively.

The HCPAC thoroughly reviewed the specialty societies survey results and recommendations for codes 99366 *Team Conference, health care professionals, patient present* and 99368 *Team Conference, health care professionals, patent not present*. The HCPAC agreed that 99366 would involve slightly more physician work than 99368 because there is more involvement when the patient and/or family is present. The HCPAC concluded that the survey results were flawed because the survey respondents had overestimated physician time due to the key reference service chosen 99242 *Office consultation for a new or established patient* (work RVU=1.34). CPT code 99242 is not a service typically performed by these health care professionals. The reference service poorly compared to the work and time involved to perform these team conference services. The survey resulted in inappropriately high RVUs compared to other health care professional services and there was not appropriate rationale for the health care professionals' recommended work relative value units.

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In order to standardized the time to 30 minutes and properly value these team conference services, the HCPAC then performed a weighted average based on the survey median work values per specialty, with an intra-service time of 30 minutes. The weighted RVU for 99366 was calculated as follows:

Weighted Average for 99366

A	B	C	D	E
HCPAC Society	**Proposed Intra-Service Time / Survey Median Intra-Time**	**Column B x Survey Median Work Value**	**Column C x Percentage of Total Respondents**	**Total**
ASHA	30/35 = 0.86	0.86 x 1.13 = 0.97	0.97 x 28% = 0.27	0.27
ADA	30/45 = 0.66	0.66 x 1.37 = 0.91	0.91 x 24% = 0.22	0.22
APA	30/60 = 0.50	0.50 x 1.25 = 0.63	0.63 x 21% = 0.13	0.13
AOTA	30/52.5 = 0.57	0.57 x 1.20 = 0.68	0.68 x 16% = 0.11	0.11
APTA	30/35 = 0.86	0.86 x 1.10 = 0.94	0.94 x 7% = 0.06	0.06
NASW	30/45 = 0.66	0.66 x 1.30 = 0.86	0.86 x 4% = 0.03	0.03
			Weighted RVU =	**0.82**

The weighted average calculation produced a work relative value of 0.82. The HCPAC determined that a 0.82 work RVU was appropriate when compared to commonly reported codes by other health care professionals such as occupational therapists, physical therapists and dieticians. For example, code 97110 *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility* valued at (RVU=0.45) or code 97803 *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* valued at (RVU=0.37), both which are valued at 15 minute increments. Therefore, if these services are doubled to 30 minutes, for a comparable reference to code 99366, the RVUs equal 0.90 and 0.74 respectively. Thus placing the RVU recommendation of 0.82 for 99366 appropriately relative to similar health care professional services. **The HCPAC recommends a work RVU of 0.82 for code 99366.**

The HCPAC analyzed the survey pre-, intra-, and post-service survey times and determined that these times were too high, relative to similar services performed by health care professionals. The HCPAC compared the surveyed pre/intra/post times to the aforementioned commonly reported codes by other health care professionals, 97110 (2/14/2 minutes) and 97803 (0/15/0 minutes). If these 15 minute timed reference codes are doubled to adequately compare this 30 minute service, the times of 5/30/5 for 99366 and 99368 are appropriate. Additionally, these timed codes state 30 minutes or more in the code descriptor and the HCPAC felt that 30 minutes intra-service time appropriately measured the intensity and complexity involved in performing these services. **The HCPAC recommends a pre-service time of 5 minutes, intra-service time of 30 minutes, and immediate post-service time of 5 minutes for 99366.**

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The HCPAC analyzed the specialty societies survey data for code 99368 *Team Conference, health care professionals, patent not present*. The HCPAC determined to crosswalk the percentage difference of the survey recommended RVU with the final recommended RVU for code 99366 (0.82/1.25) and apply this percentage difference to the survey recommended RVU to establish an appropriate rank order. The resulting work RVU recommendation is 0.72. **The HCPAC recommends a pre-service time of 5 minutes, intra-service time of 30 minutes, and immediate post-service time of 5 minutes for 99368. The HCPAC recommends a work RVU of 0.72 for code 99368.**

Practice Expense

The HCPAC reviewed the practice expense associated with 99366 and determined that typically when a patient is present they are greeted and receive a educational booklet. However, there are at least three health care professionals involved, so the greet time and one booklet are divided by 3 to apportion between providers who will all bill for this service. The HCPAC recommends less than one minute of greeting the patient (0.33 minutes, 1 minute of meet and greet time divided by 3 health care professionals). The HCPAC determined that a blended RN/LPN/MTA clinical labor mix typically provides the greeting. Additionally, the HCPAC recommends 1/3 or 0.33 of a patient education booklet as part of the medical supplies for code 99366. The HCPAC determined that there is no practice expense associated with code 99368.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~Physician case management is a process in which a physician is responsible for direct care of a patient, and for coordinating and controlling access to or initiating and/or supervising other health care services needed by the patient.~~ Case management is a process in which a physician or another qualified health care professional is responsible for direct care of a patient and, additionally, for coordinating, managing access to, initiating and/or supervising other healthcare services needed by the patient. **Medical Team Conferences** Medical team conferences include face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines (each of whom provide direct care to the patient), with or without the presence of the patient, family member(s), community agencies, surrogate decision maker(s) (eg, legal guardian) and/or caregivers(s). The participants are actively involved in the development, revision, coordination and implementation of healthcare services needed by the patient. Reporting participants shall have performed face to face evaluations/treatments of the patient, independent of any team conference, within the previous 60 days.				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Reporting participants shall document their participation in the team conference as well as their contributed information and subsequent treatment recommendations. No more than one individual from the same specialty may report 99365-99368 at the same encounter. Individuals should not report when their participation in the medical team conference is part of a facility or organizational service contractually provided by the organizational or facility provider. The team conference starts at the beginning of the review of an individual patient and ends at the conclusion of the review. Time related to record keeping and report generation is not reported. The reporting participant shall be present for all time reported. The time reported is not limited to the time that the participant is communicating to the other team members or patient and/or family. Time reported for medical team conferences may not be used in the determination of time for other services such as care plan oversight (99374-99380), home, domiciliary or rest home care plan oversight (99339-99340), prolonged services (99354-99359), psychotherapy, or any Evaluation and Management service. For team conferences where the patient is present for any part of the duration of the conference, report the team conference face-to-face codes. (When evaluation and management services are performed separate from the team conference, the appropriate E/M service may be reported with modifier 25)				
D 99361		~~Medical conference by a physician with interdisciplinary team of health professionals or representatives of coummunity agencies to coordinate activities of patient care (patient not present); approximately 30 minutes~~	XXX	
D 99362		~~approximately 60 minutes~~ (99361, 99362 have been deleted. To report, see 99365-99368)	XXX	

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medical Team Conference, Direct (Face-to-Face) Contact With Patient and/or Family				
D ●99365	C1	~~Medical team conference with interdisciplinary team of health care professionals, face to face with patient and/or family, 30 minutes or more; participation by physician~~	XXX	The CPT Editorial Panel's Executive Committee has deleted this procedure and has revised the introductory language to reflect this deletion
●99366	C2	participation by non-physician qualified health care professional (Team conference services of less than 30 minutes duration are not reported separately)	XXX	0.82
Medical Team Conference, Without Direct (Face-to-Face) Contact With Patient and/or Family				
●99367	C3	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	XXX	1.10 (RUC Recommendation)
●99368	C4	participation by non-physician qualified health care professional (Team conference services of less than 30 minutes duration are not reported separately)	XXX	0.72

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99366 Tracking Number C2 Specialty Society Recommended RVU: **1.34**
Global Period: XXX RUC Recommended RVU: **0.82**

CPT Descriptor: Medical team conference with interdisciplinary team of health care professionals, face to face with patient and/or family, 30 minutes or more; participation by non-physician qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Typical Patient - A patient with a neurological disorder, weight loss and functional limitations lives at home with a caregiver. The functional limitations include impaired cognition, mobility, communication and dependencies in basic activities of daily living. The condition is such that the problems and functional limitations are likely to be alleviated with appropriate care and therapies. The optimal care plan needs to be devised in a coordinated manner given the multiple domains requiring attention (biomedical, psychological, social and functional) and multiple healthcare professionals involved in the care of the patient. After undergoing evaluations (each reported separately) by the appropriate disciplines/specialties a team conference is convened.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The non-physician providers gather data and review the patient's chart and other pertinent information to prepare for the team consultation. Documentation and records from the individual provider is also collected and reviewed for the team consultation

Description of Intra-Service Work: The conference is attended by the non-physician and/or physician providers and the patient/patient's family member(s). After discussion, the group devises and approves a plan which includes specified goals, use of medical, nutrition and rehabilitative services and referral to community support services. All participants are engaged in the development, review and formulation of the care plan for the patient. Patient/patient's family member(s) receive educational brochure pertinent to the care plan.

Description of Post-Service Work: A summary report is written and made available to all participants and patient/patient's caregiver but its generation/compilation are reported separately.

Follow-up phone call to the patient/patient's family member(s) to assess understanding and implementation of the patient care plan.

This service does include the individual clinician's post conference creation of documentation of his/her participation in the team conference, including documenting contributed information and treatment recommendations, and review of the care plan for the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2007		
Presenter(s):	Jane White, PhD, RD, FADA; James Georgoulakis, PhD; Robert C. Fifer, PhD, CCC-A; DorisTomer MSW, LCSW		
Specialty(s):	American Dietetic Association; American Occupational Therapy Association; American Physical Therapy Association; American Psychological Association; American Speech, Language, and Hearing Association; National Association of Social Workers		
CPT Code:	99366		
Sample Size: 605	**Resp N:**	159	**Response:** 26.2 %

Sample Type:						
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**30.00**	72.50	2500.00
Survey RVW:		0.00	1.00	**1.25**	1.50	49.50
Pre-Service Evaluation Time:				**15.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		10.00	30.00	**45.00**	60.00	260.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**				

**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

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 99366	
	Specialty Recommended
Physician Work RVU:	**1.34**
Pre-Service Evaluation Time:	**5.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**30.00**

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes 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	Most Recent Medicare Utilization	Work RVU	Time Source
99243	XXX	4,897,411	1.88	**RUC Time**

CPT Descriptor 1 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
99374	XXX	1.10	**RUC Time**

CPT Descriptor Physician 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 physician development and/or revision of care plans, 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; 15-29 minutes

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: 49 **% of respondents:** 30.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 99366**	**Key Reference CPT Code:** 99242	**Source of Time Harvard Time**
Median Pre-Service Time	5.00	0.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	5.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**40.00**	**30.00**	
Other time if appropriate		45.00	

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.82	3.73
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.98	3.90
Urgency of medical decision making	3.47	3.47

Technical Skill/Physical Effort (Mean)

Technical skill required	4.04	4.02
Physical effort required	2.55	2.55

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.18	3.29
Outcome depends on the skill and judgment of physician	3.98	3.82
Estimated risk of malpractice suit with poor outcome	2.82	2.78

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.12	3.04
Intra-Service intensity/complexity	3.98	3.92
Post-Service intensity/complexity	3.35	3.29

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

After completing a convenience survey among HCPAC (non-physician) society providers (159 responses obtained), an expert panel (including APA, APTA, AOTA, ASHA, NASW and ADA) was convened to review and determine final work RVU recommendations for team conference codes 993699366 and 99368. After noting similarities in the reference service code and work RVU proposed values across all of these societies, the HCPAC societies contacted the physician groups who surveyed the team conference codes 993699365 and 99367 (AAP, APA, AGS and AAPMR) to review and discuss the work RVU recommendations.

While the HCPAC and physician groups have different experiences with completing the AMA work surveys, based on the collective number of survey responses and similar data across all groups, the work RVU data was merged. The HCPAC and physician panel agreed on the survey median work RVU of 1.34 for 99366 and 99365. This decision was based on the expert panel's agreement that the work effort is the same regardless of provider type who participates in the team conference. The 1.34 work RVU for 99366 is further supported based on the HCAPC survey data indicating the service involves 45 minutes intra-service time, longer than many of the intra-services times for codes included on the reference service list.

Additionally, the panel felt 99365 and 99366 include more intense work effort than 99367 and 99368 since the patient and/or family member are present during the team conference. A dynamic, highly engaged conference is required to plan and implement the care plan with the patient and family member(s). In the 99365 and 99366 work effort, the healthcare provider(s) translate clinical information in layman's terms for increased comprehension by the family/patient, respond to the family/patient questions, incorporate new information from the family/patient

into the decision-making process, and adjust the care plan based on new information and family/patient input. All these activities increase the healthcare provider's work effort. The recommended work value is also supported by the complexity of the patient/patient's condition that requires active participation of at least 3 healthcare providers who participate on the team conference.

The expert panel feels the recommended work RVU of 1.34 for team conference codes 99366 and 99365 places these codes in correct rank order with the reference service code (99242; work RVU 1.34) as well as other E/M codes. The panel reviewed E/M codes which represent much less time with the patient- 99214 (work RVU 1.42 for 25 minutes) and 99213 (work RVU = 0.92 for 15 minutes). The panel feels the recommended work value for 99366 and 99365 represents correct rank order based on this E/M code review.

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) 99361 however this code does not match the new description of 9936X2

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 ADA and ASHA	How often? Commonly
Specialty APTA and AOTA	How often? Commonly
Specialty APA and NASW	How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 100000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty ADA and ASHA	Frequency 33333	Percentage 33.33 %
Specialty APTA and AOTA	Frequency 33333	Percentage 33.33 %
Specialty APA and NASW	Frequency 33333	Percentage 33.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty ADA and ASHA	Frequency 33333	Percentage 33.33 %
Specialty APTA and AOTA	Frequency 33333	Percentage 33.33 %
Specialty APA and NASW	Frequency 33333	Percentage 33.33 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

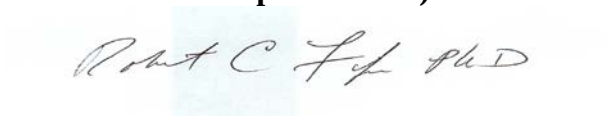
If no, please select another crosswalk and provide a brief rationale. 97110 (times 2) or 97803 (times 2) or a blend of these two codes.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

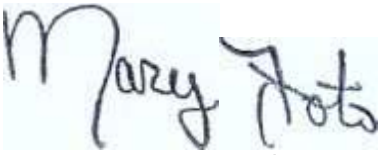
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Attestation Statement

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).



Robert C. Fifer, PhD, CCC-A; American Speech-Language Hearing Association



Mary Foto, OTR; American Occupational Therapy Association



James Georgoulakis, PhD; American Psychological Association



Doris F. Tomer MSW, LCSW; National Association of Social Workers

Jane White, PhD, RD, FADA; American Dietetic Association

Erik Van Doorne, PT; American Physical Therapy Association

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99368 Tracking Number C4 Specialty Society Recommended RVU: **1.30**
Global Period: XXX RUC Recommended RVU: **0.72**

CPT Descriptor: Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Typical Patient - A patient with a neurological disorder, weight loss and functional limitations lives at home with a caregiver. The functional limitations include impaired cognition, mobility, communication and dependencies in basic activities of daily living. The condition is such that the problems and functional limitations are likely to be alleviated with appropriate care and therapies. The optimal care plan needs to be devised in a coordinated manner given the multiple domains requiring attention (biomedical, psychological, social and functional) and multiple healthcare professionals involved in the care of the patient. After undergoing evaluations (each reported separately) by the appropriate disciplines/specialties a team conference is convened.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The non-physician providers gather and review the patient's chart and other pertinent information to prepare for the team consultation. Documentation and records from the individual provider is collected and reviewed for the team consultation

Description of Intra-Service Work: The conference is attended by the non-physician and/or physician providers. After presentation of the case, all providers present their findings and recommendations. After discussion, the group devises and approves a plan which includes specified goals, use of medical, nutrition and rehabilitative services and referral to community support services. All participants are engaged in the development, review and formulation of the care plan for the patient.

Description of Post-Service Work: A summary report is written and made available to all participants and patient/patient's family but its generation/compilation are reported separately. A patient brochure regarding the care plan is also provided separately to the patient/patient's family member(s).

Follow-up phone call to the patient/patient's caregiver assess understanding and implementation of the patient care plan.

This service does include the individual clinician's post conference creation of documentation of his/her participation in the team conference, including documenting contributed information and treatment recommendations, and review of the care plan for the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2007		
Presenter(s):	Jane White, PhD, RD, FADA; James Georgoulakis, PhD; Robert C. Fifer, PhD, CCC-A; DorisTomer MSW, LCSW		
Specialty(s):	American Dietetic Association; American Occupational Therapy Association; American Physical Therapy Association; American Psychological Association; American Speech, Language, and Hearing Association; National Association of Social Workers		
CPT Code:	99368		
Sample Size:	602	**Resp N:** 144	**Response:** 23.9 %

Sample Type:						
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**35.00**	100.00	5800.00
Survey RVW:		0.00	0.99	**1.10**	1.40	46.00
Pre-Service Evaluation Time:				**15.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	20.00	**30.00**	60.00	180.00
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**				

**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

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 99368	
	Specialty Recommended
Physician Work RVU:	**1.30**
Pre-Service Evaluation Time:	**5.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**30.00**

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

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?

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99379	XXX	1.10	**RUC Time**

CPT Descriptor Physician supervision of a nursing facility patient (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 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; 15-29 minutes

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Most Recent Medicare Utilization	Work RVU	Time Source
CPT Descriptor 1				
MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

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: 27 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 99368**	**Key Reference CPT Code:** 99379	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	30.00	20.00	
Median Immediate Post-service Time	5.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**40.00**	**35.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.15	3.93
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.81
Urgency of medical decision making	3.11	3.11

Technical Skill/Physical Effort (Mean)

Technical skill required	4.37	4.33
Physical effort required	2.56	2.48

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.33	3.41
Outcome depends on the skill and judgment of physician	4.04	4.00
Estimated risk of malpractice suit with poor outcome	2.85	2.89

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	3.52	3.48
Intra-Service intensity/complexity	3.89	3.85
Post-Service intensity/complexity	3.33	3.30

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

After completing a convenience survey among HCPAC (non-physician) society providers (144 responses obtained), an expert panel (including APA, APTA, AOTA, ASHA, NASW and ADA) was convened to review and determine final work RVU recommendations for team conference codes 99366 and 99368. After noting similarities in the reference service code and work RVU proposed values across all of these societies, the HCPAC societies contacted the physician groups who surveyed the team conference codes 99365 and 99367 (AAP, APA, AGS and AAPMR) to review and discuss the work RVU recommendations.

While the HCPAC and physician groups have different experiences with completing the AMA work surveys, based on the collective number of survey responses and similar data across all groups, the work RVU data was merged. The HCPAC and physician panel agreed on the survey median work RVU of 1.30 for 99368 and 99367. This decision was based on the expert panel's agreement that the work effort is the same regardless of provider type who participates in the team conference.

The 1.30 recommended work value demonstrates rank order between 993899366 and 99368 where 99368 has a lower work RVU since the patient and/or family member are not present during the team conference. Survey data supports the lower value for 99368 with an intra-service time of 30 minutes compared to 99366 intra-service time of 45 minutes.

The HCPAC and physician expert panel feels the recommended work RVU of 1.30 for team conference codes 99368 and 99367 places these codes in correct rank order with other reference service codes that have lower pre-, intra- and post service times (99379 work RVU 1.10, and 99374 work RVU 1.10). Rank order for the proposed 99368 and 99367 RVU of 1.30 is also supported through the expert panels' review of E/M codes 99213 and 99214; both represent less time with the patient (99213 work RVU 0.92 for 15 minutes and 99214 work RVU 1.42 for 25 minutes).

The recommended work value is also supported by the complexity of the patient/patient's condition that requires active participation of at least 3 healthcare providers who participate on the team conference. The conferences are 30 minutes or more, requiring interpretation of the multi-disciplinary clinical findings and spontaneous decision making to formulate the care plan.

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) 99361

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 ADA and ASHA	How often? Commonly
Specialty APTA and AOTA	How often? Commonly
Specialty APA and NASW	How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 100000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty ADA and ASHA	Frequency 33333	Percentage 33.33 %
Specialty APTA and AOTA	Frequency 33333	Percentage 33.33 %
Specialty APA and NASW	Frequency 33333	Percentage 33.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty ADA and ASHA	Frequency 33333	Percentage 33.33 %
Specialty APTA and AOTA	Frequency 33333	Percentage 33.33 %
Specialty APA and NASW	Frequency 33333	Percentage 33.33 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? No

If no, please select another crosswalk and provide a brief rationale. 97110 (times 2) or 97803 (times 2) or a blend of these two codes.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

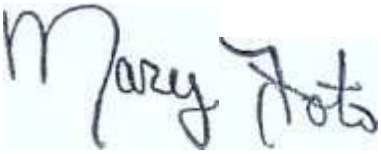
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Attestation Statement

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).



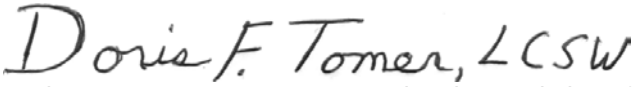
Robert C. Fifer, PhD, CCC-A; American Speech-Language Hearing Association



Mary Foto, OTR; American Occupational Therapy Association



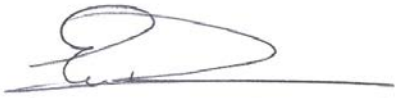
James Georgoulakis, PhD; American Psychological Association



Doris F. Tomer MSW, LCSW; National Association of Social Workers



Jane White, PhD, RD, FADA; American Dietetic Association



Erik Van Doorne, PT; American Physical Therapy Association

CPT Code: 99366

AMTA/Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Medical Team Conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by non-physician qualified health care professional.

An expert consensus panel was used to develop direct practice expense inputs for the team conference code 99366. The expert panel included HCPAC representatives from American Physical Therapy Association; American Psychological Association; American Speech, Language, and Hearing Association and the American Dietetic Association. These groups based their discussions on PE data obtained from the respective group's members.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
None

Intra-Service Clinical Labor Activities:
The clinical staff person greets the patient and/or family member(s) and takes them to the conference room.

Post-Service Clinical Labor Activities:
None.

Supplies: (see PERC spreadsheet)
One patient education booklet

	A	B	C	D
1	RUC Practice Expense Recommendation			
2	**Meeting Date: February 2007**			**99366**
3				**Code Descriptor: Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by non-physician qualified health care professional (assumes 3 providers participate in the team conference)**
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**0.33**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.00**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**LO37D**	**RN/LPN/MTA**	**0.33**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.00**
10	**PRE-SERVICE**			
11	**Start: When appointment for service is made**			
12	Review/read X-ray, lab, and pathology reports			
13	Other Clinical Activity (please specify)			
14	**End: Patient arrival at office for service**			
15	**SERVICE PERIOD**			
16	**Start: Patient arrival at office for service**			
17	Greet patient and provide gowning	**LO37D**	**RN/LPN/MTA**	**0.33**
18	Obtain vital signs			
19	Prep and position patient			
20	Prepare room, equipment, supplies			
21	Assist physician during exam			
22	Education/instruction/counseling			
23	Coordinate home or outpatient care			
24	Clean room/equipment			
25	Other Clinical Activity (please specify)			
26	**End: Patient leaves office**			
27	**POST-SERVICE Period**			
28	**Start: Patient leaves office/facility**			
29	Conduct phone calls between visits with patient, family, pharmacy/call in prescriptions			
30	Other activity (please specify)			
31	*Total Office Visit Time*			
32	**End: When appointment for next office visit is made**			
33	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**	
34	Patient education booklet	**SK062**		**0.33**
35				
36				
37	**Equipment**	**CMS Code**	**Utilization Percentage**	
38	None			
39				
40				
41				
42				
43				
44				
45				
46				

DATE: January 9, 2007

TO: William Rich, MD
Chair, AMA/Specialty Society RVS Update Committee

FROM: The American Occupational Therapy Association; American Physical Therapy Association; American Psychological Association; American Speech, Language, and Hearing Association; National Association of Social Workers, and the American Dietetic Association

Re: Direct Practice Expense Inputs for Code 99368 (team conference code without patient/family member present; Tracking Code C4)

Dear Dr Rich:

Code 99368 (*Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional*) is one of the team conference codes being considered at the February 2007 RUC meeting.

The American Occupational Therapy Association; American Physical Therapy Association; American Psychological Association; American Speech, Language, and Hearing Association; National Association of Social Workers, and the American Dietetic Association convened an expert panel to review direct practice expense for this code, 99368, and 99366. The panel determined there is no direct practice expense for 99368 in either the facility or non-facility setting.

If you have any questions, please contact Pam Michael, MBA, RD, American Dietetic Association staff, at 312-899-4747 or PMichael@eatright.org. Thank you.

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

February 2007

Non Face-to-Face Physician Services

The CPT Editorial Panel created four new codes describing Evaluation and Management services performed by a physician via telephone or on-line. Typically these calls involve the physician obtaining a history of the patient, assessing the patient's condition, making a medical decision and communicating that decision via the phone/e-mail to the patient. Over the last two decades medicine has seen the rapid increase of medical information and communications technology. Combined with changing consumer and health plan expectations for enhanced access to care, a new focus on chronic disease management and continued pressure to reduce the codes of medical services, physicians are providing more care to patients in a "non-face-to-face" manner. Additionally, these services describe physician work that is currently not captured in any other CPT codes.

The CPT Editorial Panel also developed new codes corresponding to non-physician services. The RUC reviewed and submitted the following recommendations on the physician (MD/DO) services only. The HCPAC independently reviewed and submitted separate recommendations on the non-physicians services.

The RUC reviewed the specialty societies' survey results for codes 99441-99444 *Telephone and Online Evaluation and Management services.* Physicians from various specialties perform these services. Therefore, seven different specialties were involved in surveying these services to appropriately capture the typical physician time and work involved. Approximately 500 physicians completed the surveys for 99441-99443, with median annual service performance rates of 190, 100, and 35, respectively. Additionally, 150 physicians completed the survey for code 99444 *Online Evaluation and Management*, indicating a median annual performance rate of 10.

99441
The RUC reviewed the specialty societies survey results for code 99441 *Telephone Evaluation and Management, 5-10 minutes of medical discussion* and thoroughly discussed the physician time and work involved in this service. The RUC determined that the physician time for 99441 was slightly lower than the survey reference service code 99212 *Office or other outpatient visit for the Evaluation and Management of an established patient* (RVU=0.45, 2 minutes pre-, 10 minutes intra- and 4 minutes post-service time). The presenting specialty societies and the RUC agreed that the physician work for code 99441 should be lower than the survey

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reference code 99212 but slightly higher than 99211 *Office or other outpatient visit for the Evaluation and Management of an established patient, that may not require the presence of a physician* (RVU=0.17, 5 minutes intra-service and 2 minutes post-service time). The RUC determined that using a magnitude estimation of 150% of the work RVUs for code 99211 would appropriately place 99441 in the proper rank order within the Evaluation and Management services family (0.17 x 150% = 0.25**). The RUC recommends a work RVU of 0.25 for code 99441. The RUC recommends 1 minute pre-service, 8 minutes intra-service and 4 minutes post-service time for code 99441.**

99442 and 99443

The RUC reviewed the specialty societies survey results for codes 99442 *Telephone Evaluation and Management, 11-20 minutes of medical discussion* and 99443 *Telephone Evaluation and Management, 21-30 minutes of medical discussion* and thoroughly discussed the physician time and work involved in these services. The RUC determined that the RVU presented by the specialty societies for 99442, the 25th percentile work relative value of 0.60, was slightly high in relation to the RUC recommended value for 99441 (0.25 RVUs). The presenting specialty societies and the RUC agreed using a magnitude estimation for 99442 and 99443 would be appropriate to properly values these services within the Evaluation and Management family of services. The RUC determined that 99442 would be twice the recommended value for 99441 (0.25 x 2 = 0.50). Additionally, the RUC determined that 99443 would be three times the recommended value for 99441 (0.25 x 3 = 0.75). **The RUC recommends a work RVU of 0.50 for code 99442 and 1 minute pre-service, 15 minutes intra-service and 5 minutes post-service physician time. The RUC recommends a work RVU of 0.75 for code 99443 and 1 minute pre-service, 25 minutes intra-service and 10 minutes post-service physician time.**

99444

The RUC discussed code 99444 *Online Evaluation and Management* and concluded that the definition of work and physician time and complexity involved in this service were unclear, therefore making it difficult to recommend a specific work relative value. The specialty societies agreed and recommended that code 99444 be carrier-priced. The specialty societies indicated that they will bring this code back to CPT in order to develop a clearer definition of this service. **The RUC recommends that code 99444 be carrier-priced for CY 2008.**

Practice Expense

The PERC and RUC reviewed the direct practice expenses for 99441-99443 and slightly modified the conduct phone calls/call in prescriptions by the RN/LPN/MTA from 4 to 3 minutes and "other clinical activity" to zero. The presumption was that the typical service would include the clinical staff calling in a prescription. **The RUC recommends the modified practice expense as attached.**

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New Technology and New Physician Work

The RUC recommends that codes 99441-99443 be added to the new technology list to review potential changes in valuation after experience in reporting of these services has occurred. Additionally, the RUC recommends that these services involve new physician work not currently compensated within the physician payment system.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Telephone services are non-face-to-face E/M services provided by a physician to a patient using the telephone. These codes are used to report episodes of care by the physician initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure and visit. Likewise if the telephone call refers to an E/M service performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure. (Do not report 99441-99443 if reporting 99441-99444 performed in the previous seven days.)				
●99441	O1	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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	XXX	0.25
●99442	O2	11-20 minutes of medical discussion	XXX	0.50
●99443	O3	21-30 minutes of medical discussion (Do not report 99441-99443 when using 99339-99340, 99374-99380 for the same call(s)) (Do not report 99441-99443 for anticoagulation management when reporting 99363-99364)	XXX	0.75
Online Medical Evaluation An online electronic medical evaluation is a non-face-to-face E/M service by a physician to a patient using Internet resources in response to a patient's online inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a secen day period, although multiple physicians				

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
could report their exchange with the same patient. If the online medical evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the online patient encounter.				
●99444	O4	Online evaluation and management service provided by a physician to an established patient, guardian or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (Do not report 99444 when using 99339-99340, 99374-99380 for the same communication(s)) (Do not report 99444 for anticoagulation management when reporting 99363 to 99364)	XXX	Carrier-Priced
~~**Telephone Calls**~~				
D 99371		~~Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)~~	XXX	N/A
D 99372		~~intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)~~	XXX	N/A
D 99373		~~complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care~~	XXX	N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		~~plan)~~ ~~(99371-99373 have been deleted. To report telephone evaluation and management services, see 99441-99443)~~		
Category III **Online Medical Evaluation** ~~An online medical evaluation is a type of Evaluation and Management (E/M) service provided by a physician or qualified health care professional to a patient using internet resources in response to the patient's online inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service should not be reported for patient contacts (eg, telephone calls) considered to be pre-service or post-service work for other E/M or non E/M services. A reportable service would encompass the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the online patient encounter or problem(s)~~.				
D 0074T		~~Online evaluation and management service, per encounter, provided by a physician, using the Internet or similar electronic communications network, in response to a patient's request, established patient~~ (0074T has been deleted. To report, use 99444)		N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99441 Tracking Number O1 Specialty Society Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.25**

CPT Descriptor: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient known to the physician calls with a new complaint. The physician obtains a brief history and the patient's present medication use and makes treatment recommendations, all of which are recorded in the patient's medical record. The patient is instructed and advised to call if the symptoms fail to improve with the recommended treatment. The call lasts 8 minutes. No office visit is required.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The physician reviews records and communicates with other professionals regarding the patient as appropriate.

Description of Intra-Service Work: The physician obtains a brief history via phone, assesses the patients condition, makes a medical decision, and communictates that decision via phone to the patient.

Description of Post-Service Work: The physician documents the telephone call and oversees care plan. The physician also has discussion with family members or other health professionals associated with the delivery of care to this patient until the next E/M service is provided.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2007					
Presenter(s):	Lee Mills, MD (AAFP), Charles Scott, MD (AAP), Robert Stomel, DO (AOA), Eileen Moynihan, MD (ACRh)					
Specialty(s):	AAFP, AAN, AAP, ACP, ACRh, AOA, SIR					
CPT Code:	99441					
Sample Size:	4351	**Resp N:**	496	**Response:** 11.3 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	50.00	**190.00**	500.00	4000.00
Survey RVW:		0.04	0.35	**0.45**	0.75	3.77
Pre-Service Evaluation Time:				**2.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		2.00	5.00	**8.00**	10.00	45.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				

Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

**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

Check here ☒ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 99441	
	Specialty Recommended
Physician Work RVU:	**0.35**
Pre-Service Evaluation Time:	**1.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**8.00**

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.45	**CMS Time File**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes 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	Most Recent Medicare Utilization	Work RVU	Time Source
99212	XXX	26,139,270	0.45	**CMS Time File**

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code | Global | Work RVU | Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 198 **% of respondents:** 39.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 99441**	**Key Reference CPT Code:** 99212	**Source of Time** **CMS Time File**
Median Pre-Service Time	1.00	2.00	
Median Intra-Service Time	8.00	10.00	
Median Immediate Post-service Time	4.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**13.00**	**16.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.06	2.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.13	2.00
Urgency of medical decision making	2.19	2.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.15	2.12
Physical effort required	2.00	2.05
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.16	2.13

Outcome depends on the skill and judgment of physician	2.22	2.15
Estimated risk of malpractice suit with poor outcome	2.35	2.21

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.10	2.00
Intra-Service intensity/complexity	2.07	2.03
Post-Service intensity/complexity	2.09	2.04

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC advisors for the participating specialty societies met by conference call to review and discuss the survey results. All of the surveying organizations except the American College of Physicians (ACP) used a panel sample; ACP used a random sample.

For 993XX1, the advisors noted that respondents rated the intensity and complexity of 993XX1 very similar to the key reference code, 99212, with the ratings for 993XX1 being slightly higher in each time segment and for all areas except physical effort. The advisors also noted the nearly identical total time of 993XX1 and 99212. The advisors agreed that 99212 was an appropriate key reference service, since a self-limited or minor presenting problem (as described in 99212) is consistent with a telephone evaluation and management service of 5 to 10 minutes duration (as described in 993XX1). Accordingly, consistent with the survey data, the specialty societies agreed to recommend the survey median of 0.45 work RVUs for 993XX1, which is also the current work RVUs assigned to the key reference code, 99212.

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. (not applicable)

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 not previously reported.

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 (See attached table.) How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 28500200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty (See attached table.) Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,586,320 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty (See attached table.) Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

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? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

---

Attestation Statement

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).



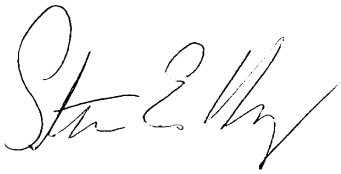
Lee Mills, MD
RUC Advisor, American Academy of Family Physicians



Scott Manaker, MD, PhD, FACP
RUC Advisor, American College of Physicians



David Hitzeman, DO
RUC Advisor, American Osteopathic Assocation



Steve Krug, MD
RUC Advisor, American Academy of Pediatrics



Eileen Moynihan, MD
RUC Advisor, American College of Rheumatology



Robert L. Vogelsang, MD
RUC Advisor, Society of Interventional Radiology

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99442 Tracking Number O2 Specialty Society Recommended RVU: **0.60**
Global Period: XXX RUC Recommended RVU: **0.50**

CPT Descriptor: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient calls the office of a physician to discuss new acute illness symptoms. The physician obtains a brief history and makes treatment recommendations, all of which are recorded in the patient's medical record. The patient is instructed and advised to call if symptoms are increasing. The call lasts 15 minutes. No office visit is required.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The physician reviews records and communicates with other professionals regarding the patient as appropriate.

Description of Intra-Service Work: The physician obtains history via phone, assesses the patients condition, makes a medical decision, and communictates that decision via phone to the patient.

Description of Post-Service Work: The physician documents the telephone call and oversees care plan. The physician also has discussion with family members or other health professionals associated with the delivery of care to this patient until the next E/M service is provided.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2007					
Presenter(s):	Lee Mills, MD (AAFP), Charles Scott, MD (AAP), Robert Stomel, DO (AOA), Eileen Moynihan, MD (ACRh)					
Specialty(s):	AAFP, AAN, AAP, ACP, ACRh, AOA, SIR					
CPT Code:	99442					
Sample Size:	4351	**Resp N:**	496	**Response:** 11.3 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	30.00	**100.00**	250.00	3000.00
Survey RVW:		0.25	0.60	**0.90**	1.00	4.10
Pre-Service Evaluation Time:				**3.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		4.00	10.00	**15.00**	15.00	50.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				

Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

**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

Check here ☒ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 99442	
	Specialty Recommended
Physician Work RVU:	**0.60**
Pre-Service Evaluation Time:	**1.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**15.00**

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.92	**CMS Time File**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three 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 providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes 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	Most Recent Medicare Utilization	Work RVU	Time Source
99213	XXX	111,261,211	0.92	**CMS Time File**

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three 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 providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 172 **% of respondents:** 34.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 99442**	**Key Reference CPT Code:** 99213	**Source of Time** **CMS Time File**
Median Pre-Service Time	1.00	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	
Median Total Time	**21.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	2.64	2.28
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.80	2.56
Urgency of medical decision making	2.83	2.48

Technical Skill/Physical Effort (Mean)

Technical skill required	2.66	2.53
Physical effort required	2.26	2.17

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	2.85	2.66
Outcome depends on the skill and judgment of physician	3.39	3.33
Estimated risk of malpractice suit with poor outcome	3.22	2.86

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1

Time Segments (Mean)

Pre-Service intensity/complexity	2.09	2.11
Intra-Service intensity/complexity	3.04	3.10
Post-Service intensity/complexity	2.44	2.39

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC advisors for the participating specialty societies met by conference call to review and discuss the survey results. All of the surveying organizations except the American College of Physicians (ACP) used a panel sample; ACP used a random sample. For 993XX2, the advisors noted that respondents rated the intensity and complexity of 993XX2 very similar to the key reference code, 99213, for each time segment. They also noted that respondents consistently rated the intensity and complexity of 993XX2 higher than 99213 in all areas of mental effort and judgment, technical skill/physical effort, and psychological stress. The advisors also noted the identical time elements (pre-, intra-, and post-service) of 993XX2 and 99213. The advisors agreed that 99213 was an appropriate key reference service, since a presenting problem of low or moderate severity (as described in 99213) is consistent with a telephone evaluation and management service of 11 to 20 minutes duration (as described in 993XX2). Accordingly, consistent with the survey data, the specialty societies agreed to recommend the survey median of 0.90 work RVUs for 993XX2, which is almost the same as the work RVUs assigned to the key reference service, 99213, in 2007.

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. (not applicable)

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 not previously reported.

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 (See attached table.) How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 16762210
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty (See attached table.) Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,898,414 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty (See attached table.) Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

Attestation Statement

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).



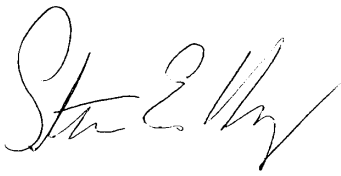
Lee Mills, MD
RUC Advisor, American Academy of Family Physicians



Scott Manaker, MD, PhD, FACP
RUC Advisor, American College of Physicians



David Hitzeman, DO
RUC Advisor, American Osteopathic Assocation



Steve Krug, MD
RUC Advisor, American Academy of Pediatrics



Eileen Moynihan, MD
RUC Advisor, American College of Rheumatology



Robert L. Vogelsang, MD
RUC Advisor, Society of Interventional Radiology

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99443 Tracking Number O3 Specialty Society Recommended RVU: **0.92**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An established patient with special needs calls to discuss onset of new and disturbing symptoms. During a 25 minute phone call, the physician reviews the history and review of systems, the description of symptoms, and current medications. She makes a recommendation to change the present medication regimen, provides reassurance, both of which are recorded in the patient's medical record, and requests follow-up in the office in one week or sooner if needed.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The physician reviews records and communicates with other professionals regarding the patient as appropriate.

Description of Intra-Service Work: The physician obtains a history and review of systems via phone, assesses the patients condition, makes a medical decision, and communictates that decision via phone to the patient.

Description of Post-Service Work: The physician documents the telephone call and oversees care plan. The physician also has discussion with family members or other health professionals associated with the delivery of care to this patient until the next E/M service is provided.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	02/2007					
Presenter(s):	Lee Mills, MD (AAFP), Charles Scott, MD (AAP), Robert Stomel, DO (AOA), Eileen Moynihan, MD (ACRh)					
Specialty(s):	AAFP, AAN, AAP, ACP, ACRh, AOA, SIR					
CPT Code:	99443					
Sample Size:	4351	**Resp N:**	496	**Response:** 11.3 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**35.00**	100.00	5000.00
Survey RVW:		0.32	0.92	**1.35**	1.60	5.60
Pre-Service Evaluation Time:				**5.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		6.00	15.00	**20.00**	25.00	60.00
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				

Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

**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

Check here ☒ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 99443	
	Specialty Recommended
Physician Work RVU:	**0.92**
Pre-Service Evaluation Time:	**1.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**25.00**

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.42	**CMS Time File**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes 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	Most Recent Medicare Utilization	Work RVU	Time Source
99214	XXX	55,174,565	1.42	**CMS Time File**

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code | Global | Work RVU | Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 99443**	**Key Reference CPT Code:** 99214	**Source of Time CMS Time File**
Median Pre-Service Time	1.00	5.00	
Median Intra-Service Time	25.00	25.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**36.00**	**40.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.85	3.94
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.85	3.97
Urgency of medical decision making	3.81	3.91
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.49	3.72
Physical effort required	2.98	3.31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.74	3.92

Outcome depends on the skill and judgment of physician	3.92	3.97
Estimated risk of malpractice suit with poor outcome	3.69	3.67

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.15	3.26
Intra-Service intensity/complexity	3.94	3.95
Post-Service intensity/complexity	3.54	3.77

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The RUC advisors for the participating specialty societies met by conference call to review and discuss the survey results. All of the surveying organizations except the American College of Physicians (ACP) used a panel sample; ACP used a random sample. For 993XX3, the advisors noted that respondents rated the intensity and complexity of 993XX3 similar to and slightly less than that of the key reference code, 99214, for all areas and in each time segment. The advisors also noted the identical pre- and post-service time of 993XX3 and 99214, while intra-service and, therefore, total time, for 993XX3 was just 5 minutes less than 99214. The advisors agreed that 99214 was an appropriate key reference service, since a presenting problem of moderate to high severity (as described in 99214) is consistent with a telephone evaluation and management service of 21 to 30 minutes duration (as described in 993XX3). Accordingly, consistent with the survey data, the specialty societies agreed to recommend the survey median of 1.35 work RVUs for 993XX3, which is less than the current work RVUs assigned to the key reference code, 99214, reflecting the lower intensity and shorter time of the 993XX3.

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. (not applicable)

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 not previously reported.

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 (See attached table.) How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5215455
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty.

Specialty (See attached table.) Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 833,881 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Specialty (See attached table.) Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

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? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

---

Attestation Statement

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).



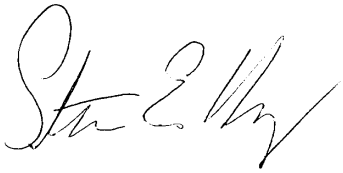
Lee Mills, MD
RUC Advisor, American Academy of Family Physicians



Scott Manaker, MD, PhD, FACP
RUC Advisor, American College of Physicians



David Hitzeman, DO
RUC Advisor, American Osteopathic Assocation



Steve Krug, MD
RUC Advisor, American Academy of Pediatrics



Eileen Moynihan, MD
RUC Advisor, American College of Rheumatology



Robert L. Vogelsang, MD
RUC Advisor, Society of Interventional Radiology

	A	B	C	D	E	F	G
1	**RUC Recommendation**			**99441**		**99442**	
2	**Meeting Date: February 2007**			**Code Descriptor: Non-Face-To-Face Physician Service: Telephone Services**		**Code Descriptor: Non-Face-To-Face Physician Service: Telephone Services**	
3	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
4	**GLOBAL PERIOD**			**XXX**	**XXX**	XXX	XXX
5	**TOTAL CLINICAL LABOR TIME**			**3.0**	**0.0**	**3.0**	**0.0**
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**3.0**	**0.0**
9	**PRE-SERVICE**						
10	**Start: Following visit when decision for surgery or procedure made**						
11	Complete pre-service diagnostic & referral forms						
12	Coordinate pre-surgery services						
13	Schedule space and equipment in facility						
14	Provide pre-service education/obtain consent						
15	Follow-up phone calls & prescriptions						
16	Other Clinical Activity (please specify)	L037D	RN/LPN/MTA	**0**		**0**	
17	**End:When patient enters office/facility for surgery/procedure**						
18	**SERVICE PERIOD**						
19	**Start: When patient enters office/facility for surgery/procedure**						
20	**Pre-service services**						
21	Review charts						
22	Greet patient and provide gowning						
23	Obtain vital signs						
24	Provide pre-service education/obtain consent						
25	Prepare room, equipment, supplies						
26	Setup scope (non facility setting only)						
27	Prepare and position patient/ monitor patient/ set up IV						
28	Sedate/apply anesthesia						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains						
33	Clean room/equipment by physician staff						
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
39	Discharge day management 99238 --12 minutes 99239 --15 minutes						
40	Other Clinical Activity (please specify)						
41	**End: Patient leaves office**						
42	**POST-SERVICE Period**						
43	**Start: Patient leaves office/facility**						
44	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
45	*Office visits:*						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes		16				
48	99212 27 minutes		27				
49	99213 36 minutes		36				
50	99214 53 minutes		53				
51	99215 63 minutes		63				
52	Other						
53	*Total Office Visit Time*			**0**	**0**	**0**	**0**
54	Other Activity (please specify)						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
57	NONE						
58							
59	**Equipment**	**CMS Code**					
60	NONE						

	A	B	C	H	I	J	K
1	**RUC Recommendation**			**99443**		**99444**	
2	**Meeting Date: February 2007**			**Code Descriptor: Non-Face-To-Face Physician Service: Telephone Services**		**Code Descriptor:Non-Face-To-Face Physician Servic: Online**	
3	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
4	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
5	**TOTAL CLINICAL LABOR TIME**			**3.0**	**0.0**	**0.0**	**0.0**
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**0.0**	**0.0**
9	**PRE-SERVICE**						
10	**Start: Following visit when decision for surgery or procedure made**						
11	Complete pre-service diagnostic & referral forms						
12	Coordinate pre-surgery services						
13	Schedule space and equipment in facility						
14	Provide pre-service education/obtain consent						
15	Follow-up phone calls & prescriptions						
16	Other Clinical Activity (please specify)	L037D	RN/LPN/MTA	**0**		**Carrier Priced**	
17	**End:When patient enters office/facility for surgery/procedure**						
18	**SERVICE PERIOD**						
19	**Start: When patient enters office/facility for surgery/procedure**						
20	**Pre-service services**						
21	Review charts						
22	Greet patient and provide gowning						
23	Obtain vital signs						
24	Provide pre-service education/obtain consent						
25	Prepare room, equipment, supplies						
26	Setup scope (non facility setting only)						
27	Prepare and position patient/ monitor patient/ set up IV						
28	Sedate/apply anesthesia						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	**Post-Service**						
32	Monitor pt. following service/check tubes, monitors, drains						
33	Clean room/equipment by physician staff						
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
39	Discharge day management 99238 --12 minutes 99239 --15 minutes						
40	Other Clinical Activity (please specify)						
41	**End: Patient leaves office**						
42	**POST-SERVICE Period**						
43	**Start: Patient leaves office/facility**						
44	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**		**Carrier Priced**	
45	*Office visits:*						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes		16				
48	99212 27 minutes		27				
49	99213 36 minutes		36				
50	99214 53 minutes		53				
51	99215 63 minutes		63				
52	Other						
53	*Total Office Visit Time*			**0**	**0**	**0**	**0**
54	Other Activity (please specify)						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
57	NONE						
58							
59	**Equipment**	**CMS Code**					
60	NONE						

Health Care Professionals Advisory Committee
Summary of Recommendations

April 2007

Non Face-to-Face Qualified Healthcare Professional Services

The CPT Editorial Panel created four new codes describing Evaluation and Management services performed by a qualified healthcare professional via telephone or on-line. Typically, these calls involve the health care professional obtaining a history of the patient, assessing the patient's condition, making a medical decision and communicating that decision via the phone/e-mail to the patient. Over the last two decades, medicine has seen the rapid increase of medical information and communications technology. Combined with changing consumer and health plan expectations for enhanced access to care, a new focus on chronic disease management and continued pressure to reduce the codes of medical services, qualified healthcare professionals are providing more care to patients in a "non-face-to-face" manner. Additionally, these services describe work that is currently not captured in any other CPT codes.

The American Dietetic Association (ADA) and the American Physical Therapy Association (APTA), presented work relative value recommendations for the Non Face-to-Face Qualified Health Care Professional Services. The HCPAC reviewed the survey results and compared them to the Non Face-to Face Physician Services. After a detailed discussion, the HCPAC determined that the non-physician work was equivalent to the physician work for codes 98966-98968.

98966
First the HCPAC reviewed code 98966 *Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient; 5-10 minutes of medical discussion.* The HCPAC determined that the survey median of 0.37 was too high compared to the physician code 99441 *Telephone assessment and management service provided by a physician to an established patient; 5-10 minutes of medical discussion* (work RVU recommendation = 0.25). The HCPAC chose to recommend the same time and work values at the code described to define physician work. The HCPAC agreed that 1 minute pre-service, 8 minutes intra-service and 4 minutes post-service time was appropriate for code 98966. **The HCPAC recommends a work RVU of 0.25 for 98966.**

98967
The HCPAC reviewed code 98967 *Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient; 11-20 minutes of medical discussion.* The HCPAC determined that the survey median of 0.45 was similar compared to the physician code 99442 *Telephone assessment and management service provided by a physician to an established patient; 11-20 minutes of medical discussion* (work RVU recommendation = 0.50). The HCPAC chose to recommend the same time and work values at the code described

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to define physician work. The HCPAC agreed that 1 minute pre-service, 15 minutes intra-service and 5 minutes post-service time was appropriate for code 98967. **The HCPAC recommends a work RVU of 0.50 for 98967.**

98968

The HCPAC reviewed code *98968 Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient; 21-30 minutes of medical discussion.* The HCPAC determined that the survey median of 0.50 was too low compared to the physician code 99443 *Telephone assessment and management service provided by a physician to an established patient; 21-30 minutes of medical discussion* (work RVU recommendation = 0.75). The HCPAC chose to recommend the same time and work values at the code described to define physician work. The HCPAC agreed that 1 minute pre-service, 25 minutes intra-service and 10 minutes post-service time was appropriate for code 98968. **The HCPAC recommends a work RVU of 0.75 for 98968.**

98969

Lastly, the HCPAC reviewed code 98969 *Online evaluation and management service provided by a qualified non-physician health care professional to an established patient.* The HCPAC concluded, that as the physician code 99444 *Online evaluation and management service provided by a physician to an established patient* (RUC recommendation = carrier-priced), the definition of work and health care professional time and complexity involved in this service was unclear, therefore making it difficult to recommend a specific work relative vale. **The HCPAC recommends that code 98969 be carrier-priced for CY 2008.**

Practice Expense

The PERC and HCPAC reviewed the direct practice expenses for 98966-98968 in February 2007 when these services were initially presented. The practice expense input recommendations are the same as those recommended for the physician non face-to-face services. **The HCPAC recommends 3 minutes post-service phone call by and RN/LPN/MTA for 98966-98968.**

New Technology and New Work

The HCPAC recommends that 98966-98968 be added to the new technology list to review changes in the valuation after experience in reporting these service has occurred (as the physician non face-to-face codes are also recommended to be added to the new technology list). Additionally, the HCPAC recommends that these services involve new work not currently compensated within the physician payment system.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Telephone services are non-face-to-face E/M services provided by a physician to a patient using the telephone. These codes are used to report episodes of care				

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
by the physician initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure and visit. Likewise if the telephone call refers to an E/M service performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure. (Do not report 99441-99443 if reporting 99441-99444 performed in the previous seven days.)				
●99441	O1	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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	XXX	0.25 (RUC Recommendation)
●99442	O2	11-20 minutes of medical discussion	XXX	0.50 (RUC Recommendation)
●99443	O3	21-30 minutes of medical discussion (Do not report 99441-99443 when using 99339-99340, 99374-99380 for the same call(s)) (Do not report 99441-99443 for anticoagulation management when reporting 99363-99364)	XXX	0.75 (RUC Recommendation)
Online Medical Evaluation An online electronic medical evaluation is a non-face-to-face E/M service by a physician to a patient using Internet resources in response to a patient's online inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a secen day period, although multiple physicians could report their exchange with the same patient. If the online medical evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the online patient encounter.				
●99444	O4	Online evaluation and management service provided by a physician to an established patient, guardian or health care provider not originating from a	XXX	Carrier Priced

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (Do not report 99444 when using 99339-99340, 99374-99380 for the same communication(s)) (Do not report 99444 for anticoagulation management when reporting 99363 to 99364)		(RUC Recommendation)
~~**Telephone Calls**~~				
D 99371		~~Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)~~	XXX	N/A
D 99372		~~intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)~~	XXX	N/A
D 99373		~~complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)~~ ~~(99371-99373 have been deleted. To report telephone evaluation and management services, see 99441-99443)~~	XXX	N/A
Medicine **Non-Face-to-Face Non-Physician Services**				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Telephone Services Telephone services are non-face-to-face assessment and management services provided by a qualified health care professional to a patient using the telephone. These codes are used to report episodes of care by the qualified health care professional initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent assessment and management service, procedure and visit. Likewise if the telephone call refers to a service performed and reported by the qualified health care professional within the previous seven days (either provider requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous service or procedure. (Do not report 98966-98969 if reporting 98966-98969 performed in the previous seven days.)				
●98966	O5	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven 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	XXX	0.25
●98967	O6	11-20 minutes of medical discussion	XXX	0.50
●98968	O7	21-30 minutes of medical discussion	XXX	0.75
Online Medical Evaluation An online electronic medical evaluation is a non-face-to-face assessment and management service by a qualified health care professional to a patient using Internet resources in response to a patient's online inquiry. Reportable services involve the provider's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven day period, although multiple qualified healthcare professionals could report their exchange with the same patient. If the online medical evaluation refers to an assessment and management service previously performed and reported by the provider within the previous seven days (either provider requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous assessment and management office service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the online patient encounter.				
●98969	O8	Online evaluation and management service provided by a qualified non-physician health care professional to an established patient, guardian or health care provider not originating from a related assessment and	XXX	Carrier Priced

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		management service provided within the previous 7 days, using the Internet or similar electronic communications network (Do not report 98969 when using 99339-99340, 99374-99380 for the same communication(s)) (Do not report 98969 for anticoagulation management when reporting 99363 to 99364)		
Category III **Online Medical Evaluation** ~~An online medical evaluation is a type of Evaluation and Management (E/M) service provided by a physician or qualified health care professional to a patient using internet resources in response to the patient's online inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service should not be reported for patient contacts (eg, telephone calls) considered to be pre-service or post-service work for other E/M or non E/M services. A reportable service would encompass the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the online patient encounter or problem(s)~~.				
D 0074T		~~Online evaluation and management service, per encounter, provided by a physician, using the Internet or similar electronic communications network, in response to a patient's request, established patient~~ (0074T has been deleted. To report, use 99444)		N/A
Evaluation and Management **Care Plan Oversight** *Care Plan Oversight Services are reported separately from codes for office/outpatient, hospital, home, nursing facility, or domiciliary*, or non-face-to-face *services. The complexity* … The work involved in providing very low intensity or infrequent supervision services is included in the pre- and post-encounter work for home, office/outpatient and nursing facility or domiciliary visit codes. (For care plan oversight services of patients in the home, domiciliary, or rest home (eg, assisted living facility) under the individual supervision of a physician, see 99339,99340)				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
(Do not report 99374-99380 for time reported with 993X1- 993X4, 98966-98969) **Case Management Services** **Anticoagulant Management** *Anticoagulant services are intended ….* When reporting these services, the work of anticoagulant management may not be used as a basis for reporting an Evaluation and Management service or Care Plan Oversight time during the reporting period. Do not report these services with ~~*99371- 99373, 0074T*~~ 99444, 989XX1 – 989XX4 when telephone or on-line address anticoagulation with warfarin management. If a significant, separately identifiable E/M service is performed, report the appropriate E/M service code using modifier 25.				

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98966 Tracking Number O5 Specialty Society Recommended RVU: **0.37**
Global Period: XXX RUC Recommended RVU: **0.25**

CPT Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67 year old female with diabetes requested assistance in how to incorporate a new food product into her meal plan established 3 weeks ago with the Registered Dietitian (RD).

OR

A 40 year old male with a history of anterior cruciate ligament reconstruction of the left knee calls his physical therapist with a complaint of increased discomfort and edema around the knee after performing the home exercise program twice each day. The therapist asked the patient to summarize the home exercise program and a discrepancy was noted in the number of repetitions that the patient was performing and what had been recommended. The therapist reinforced the parameters of the recommended home exercise program, recommended the use of ice following the exercises and instructed the patient to keep their next scheduled therapy appointment. The telephone encounter lasted 10 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The qualified healthcare professional reviews the patient's phone inquiry, reviews the medical record and the previously prepared exercise program or nutrition plan and goals, and accesses resources to share and discuss with patient.

Description of Intra-Service Work: During the phone conversation, the RD reviews the product's serving size, carbohydrate content and the current meal plan with the patient. The RD counsels the patient on appropriate new product serving size, reinforced adherence to the meal plan, encouraged ongoing completion of food and blood glucose records and reminded patient of her next scheduled appointment.

OR
First, the therapist listened to the patient's complaints. The therapist then asked appropriate questions concerning the home exercise program and use of ice, use of medications, level of activity level during the day, use of a brace and use of an assistive device for gait. The therapist determined that the patient had not properly followed the home exercise instructions and was not applying ice following the home program. The therapist reviewed the home program, made the appropriate recommendations and instructed the patient to keep their next scheduled appointment.

Description of Post-Service Work: The qualified healthcare professional documents the patient interaction in the medical record, notifies the referring physician of the phone call with the patient, and directs staff to mail the summary of instructions provided and educational materials to patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2007
Presenter(s):	Jane White, PhD, RD, FADA and Erik van Doorne, PT, DPT, COMT, Cert. MDT, FABS

Specialty(s):	American Dietetic Association and American Physical Therapy Association					
CPT Code:	98966					
Sample Size:	88	**Resp N:**	81	**Response:** 92.0 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	11.25	**25.00**	100.00	600.00
Survey RVW:		0.05	0.25	**0.37**	0.45	1.04
Pre-Service Evaluation Time:				**3.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	10.00	**10.00**	10.00	90.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**				

**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

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 98966	
	Specialty Recommended
Physician Work RVU:	**0.37**
Pre-Service Evaluation Time:	**1.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**8.00**

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97110	XXX	0.45	**RUC Time**

CPT Descriptor Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strenght and endurance, range of motion and flexibility

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Most Recent Medicare Utilization	Work RVU	Time Source
97110	XXX	27,865,000	0.45	**RUC Time**

CPT Descriptor 1

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor .

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 28.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 98966**	**Key Reference CPT Code:** 97110	**Source of Time RUC Time**
Median Pre-Service Time	1.00	2.00	
Median Intra-Service Time	8.00	14.00	
Median Immediate Post-service Time	4.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**13.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.57	3.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.88	3.08
Urgency of medical decision making	3.45	2.96
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.40	3.63
Physical effort required	1.57	3.46
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.18	2.83
Outcome depends on the skill and judgment of physician	3.82	3.63
Estimated risk of malpractice suit with poor outcome	3.38	3.08

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	1.74	2.50
Intra-Service intensity/complexity	3.43	3.71
Post-Service intensity/complexity	2.20	2.71

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

ADA and APTA recommend the above RVU and Pre-, Intra-, and Post-service times even though both data sets had variability in the reported reference service codes. Based on the distinct services provided by both professionals, as described in the vignettes, and the professionals' experience completing the work survey, we anticipated differences in the reported reference service code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Not previously reported

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 ADA How often? Commonly

Specialty APTA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 875000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Compiled frequency estimates from MDs, APTA and ADA.

Specialty ADA Frequency 775000 Percentage 88.57 %

Specialty APTA Frequency 100000 Percentage 11.42 %

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? 462,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty ADA Frequency 362000 Percentage 78.35 %

Specialty APTA Frequency 100000 Percentage 21.64 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98967 Tracking Number 06 Specialty Society Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.50**

CPT Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old male with insulin dependent diabetes, called the Registered Dietitian (RD) with a complaint of several mid-morning low blood sugar readings following the implementation of his 30-minute, new exercise regimen.

OR
A 54 year old woman with a history of rheumatoid arthritis and metacarpalphalangeal arthroplasties of her dominant hand called her occupational therapist because of post-operative pain and difficulty with use of the dynamic outrigger orthotic during the day and positioning at night. The therapist reviewed the patient's understanding of the instructions that had been provided at the last office visit and made specific recommendations regarding number of repetitions of the exercises, elevation of the extremity to help reduce edema, recommendations for positioning during the night, and use of cold applications for temporary pain relief . The telephone encounted lasted 15 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The qualified healthcare professional reviews the patient's phone inquiry, reviews the medical record and the previously prepared exercise program or nutrition plan and goals, and accesses resources to share and discuss with patient.

Description of Intra-Service Work: The RD verifies the patient's understanding of his hypoglycemia management and reviewed the patient's self-reported glucose monitoring records. After discussion of the prescribed meal plan provided at the last office visit, the RD reviews the patient's understanding of his meal plan and pre-workout meal regimen, and reinforces concepts to avoid hypoglycemia with future exercise.
OR
The therapist listened to the patient's complaints. The therapist then asked appropriate questions concerning tolerance to the orthotic (e.g.wearing time, exercise in the outrigger, pressure points), elevation of the extremity during the day and night, medication use, home exercise program, and management of ADLs. Recommendations were made regarding the specific exercises that should be performed including number of repetitions and frequency, positioning of the limb during the day and at night, precautions regarding skin integrity and protection of the sutures, and use of ice to help control pain.

Description of Post-Service Work: The qualified healthcare professional documents the patient interaction in the medical record, notifies the referring physician of the phone call with the patient, and directs staff to mail the summary of instructions provided and educational materials to patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2007
Presenter(s):	Jane White, PhD, RD, FADA and Erik van Doorne, PT, DPT, COMT, Cert. MDT, FABS

Specialty(s):	American Dietetic Association and American Physical Therapy Association					
CPT Code:	98967					
Sample Size:	88	**Resp N:**	80	**Response:** 90.9 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**20.00**	50.00	500.00
Survey RVW:		0.10	0.36	**0.45**	0.65	1.21
Pre-Service Evaluation Time:				**3.5**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		5.00	15.00	**15.00**	20.00	90.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**				

**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

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 98967	
	Specialty Recommended
Physician Work RVU:	**0.45**
Pre-Service Evaluation Time:	**1.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**15.00**

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97002	XXX	0.60	**RUC Time**

CPT Descriptor Physical Therapy re-evaluation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Most Recent Medicare Utilization	Work RVU	Time Source
97110	XXX	27,865,000	0.45	**RUC Time**

CPT Descriptor 1

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor .

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 98967**	**Key Reference CPT Code:** 97002	**Source of Time RUC Time**
Median Pre-Service Time	1.00	2.00	
Median Intra-Service Time	15.00	18.00	
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	
Median Total Time	**21.00**	**25.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.74	3.76
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.12	3.41
Urgency of medical decision making	3.72	3.18
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.66	4.00
Physical effort required	1.84	3.35
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.74	3.24
Outcome depends on the skill and judgment of physician	3.92	3.82
Estimated risk of malpractice suit with poor outcome	3.59	3.24

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.04	2.29
Intra-Service intensity/complexity	3.88	4.12
Post-Service intensity/complexity	2.70	2.71

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

ADA and APTA recommend the above RVU and Pre-, Intra-, and Post-service times even though both data sets had variability in the reported reference service codes. Based on the distinct services provided by both professionals, as described in the vignettes, and the professionals' experience completing the work survey, we anticipated differences in the reported reference service code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Not previously reported

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 ADA How often? Commonly

Specialty APTA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 567100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Compiled frequency estimates from MDs, APTA and ADA.

Specialty ADA Frequency 467100 Percentage 82.36 %

Specialty APTA Frequency 100000 Percentage 17.63 %

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? 359,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty ADA Frequency 259500 Percentage 72.18 %

Specialty APTA Frequency 100000 Percentage 27.81 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98968 Tracking Number 07 Specialty Society Recommended RVU: **0.50**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year old female with congestive heart failure calls the Registered Dietitian (RD) based on concerns about lower extremity edema following consumption of foods served at a family reunion.

OR
The parent of an 15 year old male with a history of recent T10 spinal cord injury called the physical therapist regarding the recommended home exercise program, proper positioning and seating in the wheelchair, and a newly discovered area of skin irritation on the right buttock. The therapist inquired as to the current exercise program that was being followed including the frequency and intensity of the exercises, the length of time the patient was spending in the wheelchair, the extent of the patient's management of his transfers and mobility in the wheelchair as well as specific inquiries concerning the area of possible skin breakdown on the buttocks. The therapist reviewed and modified the home program, and made recommendations regarding the length of time continuously spent in the wheelchair and precautions to maintain skin integrity It was recommended that the patient return for follow-up within one week unless the skin irritation did not improve or worsened.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Is conscious sedation inherent to this procedure? No Percent of survey respondents who stated it is typical? 0%

Is conscious sedation inherent in your reference code? No

Description of Pre-Service Work: The qualified healthcare professional reviews the patient's phone inquiry, reviews the medical record and the previously prepared exercise program or nutrition plan and goals, and accesses resources to share and discuss with patient.

Description of Intra-Service Work: The RD reviews the patient's recent food intake and compared it to the prescribed meal pattern- paying particular attention to sodium and fluid consumption. The RD identifies high sodium foods that contributed to the patient's current symptoms, and counsels the patient on lower sodium alternatives. The RD counsels the patient on her daily fluid recommendations and encouraged the patient to measure her fluid consumption and body weight daily. The RD instructs the patient to call and report any weight fluctuation greater than 2-3 lbs/day. The RD recommends that the patient return for follow-up in 1-2 weeks unless rapid weight gain, increased shortness of breath, or other symptoms of worsening heart failure occurred in which case the patient is told to call her physician.

or
The therapist listened to the patient's complaints and parental concerns. The therapist then asked appropriate questions of the patient and parent concerning the time spent in the wheelchair in and out of the home environment, level of activity during the day while in the chair, description of the skin irritation on the buttocks, participation in the home exercise program and management of mobility, transfers in and out of the wheelchair and ADLs. The therapist made recommendations concerning transfer techniques in and out of the chair to reduce friction force on the buttocks, duration of sitting time in the wheelchair including recommendations to spend additional time each day lying prone so that the skin irritation could heal. Recommendations were also made concerning pressure relief strategies while in the chair and

revisions to the home exercise program were suggested. The therapist recommended a follow-up visit within one week unless the skin irritation did not improve or worsened.

Description of Post-Service Work: The qualified healthcare professional documents the patient interaction in the medical record, notifies the referring physician of the phone call with the patient, and directs staff to mail the summary of instructions provided and educational materials to patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2029					
Presenter(s):	Jane White, PhD, RD, FADA and Erik van Doorne, PT, DPT, COMT, Cert. MDT, FABS					
Specialty(s):	American Dietetic Association and American Physical Therapy Association					
CPT Code:	98968					
Sample Size:	86	**Resp N:**	78	**Response:** 90.6 %		
Sample Type:	Panel					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	1.00	**10.00**	17.50	500.00
Survey RVW:		0.15	0.44	**0.50**	0.75	1.21
Pre-Service Evaluation Time:				**5.0**		
Pre-Service Positioning Time:				**0.0**		
Pre-Service Scrub, Dress, Wait Time:				**0.0**		
Intra-Service Time:		2.00	22.00	**25.00**	30.00	90.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**				
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**				
Discharge Day Mgmt:	**0.0**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**				
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**				

**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

Check here ☐ if the specialty society recommended data is the same as survey data (Median Base Unit Value and Time). Do not tab through the following table - proceed to the new technology/service box.

However, if your society's recommendation is different than the survey data, enter your recommendation in the following table, and tab through to the new technology/service box.

CPT Code: 98968	
	Specialty Recommended
Physician Work RVU:	**0.50**
Pre-Service Evaluation Time:	**1.0**
Pre-Service Positioning Time:	**0.0**
Pre-Service Scrub, Dress, Wait Time:	**0.0**
Intra-Service Time:	**25.00**

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.0**	99291x **0.0** 99292x **0.0**
Other Hospital time/visit(s):	**0.0**	99231x **0.0** 99232x **0.0** 99233x **0.0**
Discharge Day Mgmt:	**0.0**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.0**	99211x **0.0** 12x **0.0** 13x **0.0** 14x **0.0** 15x **0.0**
Prolonged Services:	**0.0**	99354x **0.0** 55x **0.0** 56x **0.0** 57x **0.0**

** See below survey data table on first page.

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97002	XXX	0.60	**RUC Time**

CPT Descriptor Physical therapy re-evaluation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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	Most Recent Medicare Utilization	Work RVU	Time Source
97110	XXX	27,865,000	0.45	**RUC Time**

CPT Descriptor 1

MPC CPT Code 2	Global	Most Recent Medicare Utilization	Work RVU	Time Source

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 28.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 98968**	**Key Reference CPT Code:** 97002	**Source of Time**
Median Pre-Service Time	1.00	2.00	
Median Intra-Service Time	25.00	18.00	
Median Immediate Post-service Time	10.00	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	
Median Total Time	**36.00**	**25.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.91	3.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.53	3.55
Urgency of medical decision making	4.09	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.96	3.95
Physical effort required	1.87	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.21	3.23
Outcome depends on the skill and judgment of physician	4.19	4.05
Estimated risk of malpractice suit with poor outcome	3.98	3.36

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.11	2.32
Intra-Service intensity/complexity	4.09	4.18
Post-Service intensity/complexity	2.91	2.77

Additional Rationale

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

ADA and APTA recommend the above RVU and Pre-, Intra-, and Post-service times even though both data sets had variability in the reported reference service codes. Based on the distinct services provided by both professionals, as described in the vignettes, and the professionals' experience completing the work survey, we anticipated differences in the reported reference service code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Not previously reported

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 ADA 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? 383907
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty ADA Frequency 283907 Percentage 73.95 %

Specialty APTA Frequency 100000 Percentage 26.04 %

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? 232,667 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty ADA Frequency 132667 Percentage 57.02 %

Specialty APTA Frequency 100000 Percentage 42.97 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? Yes

If no, please select another crosswalk and provide a brief rationale.

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

_____
Tab Number
Non-Face-to-Face Codes
Issue

(98966-69)
Code Range

Attestation Statement

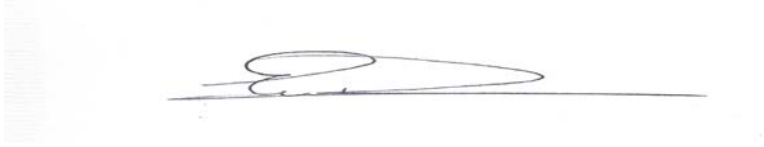
This form needs to be completed by any RUC Advisor whose specialty society is developing a recommendation to be reviewed by the RUC.

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.)

Jane White, PhD, RD, FADA- American Dietetic Association



Erik van Doorne, PT, DPT, COMT, Cert. MDT, FABS- American Physical Therapy Association



_____
Signature

April 2, 2007
Date

Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.

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 Dietetic Association utilized an expert panel to discuss and prepare practice expense recommendations for the non-face-to-face codes, 98966-X4. The expert panel consisted of six registered dietitian practitioners from a variety of practice settings and geographical locations. The American Physical Therapy Association convened a group of five physical therapists familiar with the services described by the codes was consulted. Their consensus opinion was then coordinated with other societies who surveyed similar codes (993X1 - X4).

Both expert panels' data and description of the clinical staff's pre- and post-service activities were identical, so both group's data was merged.

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The clinical staff receives the call from the patient. Clinical staff requests the patient's medical record and collects the health care professional's documentation note from the patient's last appointment. Clinical staff discusses patient's phone inquiry with the health care professional. The decision is made to have the health care professional call the patient to discuss the problem.

Intra-Service Clinical Labor Activities:
NA

Post-Service Clinical Labor Activities:
The clinical staff collects materials discussed over the call from the health care professional and mails educational print materials and summary of exercise or nutrition plan to the patient and physician. The patient's chart is filed in the health care professional's office.

Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

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Specialty Society Update Process
PERC Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

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	A	B	C	D	E	F	G	H	I	J	K
2	**HCPAC Recommendation**			**CPT Code: 98966**		**CPT Code: 98967**		**CPT Code: 98968**		**CPT Code:98969**	
3	**Meeting Date: April 2007**			**98966 CPT Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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**		**98967 CPT Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.**		**98968 CPT Descriptor: Telephone evaluation and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven 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.**		**98969 CPT Descriptor: Online evaluation and management service provided by a qualified non-physician health care professional to an established patient, guardian or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.**	
4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	XXX	XXX	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**6.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**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 (please specify) receive and transcribe phone message, pull medical record and other materials for health care professional's review,	0.370	RN/LPN/MTA	**0**		**0**		**0**		**Carrier Priced**	
18	**End:When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure**										
21	**Pre-service services**										
22	Review charts										
23	Greet patient and provide gowning										
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	**Intra-service**										
31	Assist physician in performing procedure										
32	**Post-Service**										
33	Monitor pt. following service/check tubes, monitors, drains										

	A	B	C	D	E	F	G	H	I	J	K
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34	Clean room/equipment by physician staff										
35	Clean Scope										
36	Clean Surgical Instrument Package										
37	Complete diagnostic forms, lab & X-ray requisitions										
38	Review/read X-ray, lab, and pathology reports										
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
40	Discharge day management 99238 --12 minutes 99239 --15 minutes										
41	Other Clinical Activity (please specify)										
42	**End: Patient leaves office**										
43	**POST-SERVICE Period**										
44	**Start: Patient leaves office/facility**										
45	Conduct phone calls/call in prescriptions; send materials to patient and physician; file chart		RN/LPN/MTA	**3**		**3**		**3**		**Carrier Priced**	
46	*Office visits:* Greet patient,escort to room; provide gowning; interval history & vital signs and chart; assemble previous test reports/results;assist physician during exam; assist with dressings, wound care, suture removal; prepare dx test, prescription forms; post service education, instruction, counseling; clean room/equip, check supplies; coordinate home or outpatient care										
47	*List Number and Level of Office Visits*										
48	99211 16 minutes		16								
49	99212 27 minutes		27								
50	99213 36 minutes		36								
51	99214 53 minutes		53								
52	99215 63 minutes		63								
53	Other										
54											
55	*Total Office Visit Time*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
56	Other Activity (please specify)										
57	**End: with last office visit before end of global period**										

	A	B	C	D	E	F	G	H	I	J	K
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4	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
58	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**								
59											
60											
61											
62											
63											
64											
65											
66	**Equipment**	**CMS Code**	**Utilization Percentage**								
67											
68											
69											

AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
SUMMARY OF RECOMMENDATIONS

April 2001

Analysis of Computer Transmitted Data

The CPT Editorial Panel created a new code 99091 *Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time* to specifically describe the review of data sent to the physician electronically from a patient and/or caregiver for their analysis and interpretation. This service may be reported only once per month and may not be reported in conjunction with an Evaluation and Management service on the same day. This service may also not be reported in conjunction with a care plan oversight code (99374-99380).

The RUC carefully reviewed the survey results from 58 internists and endocrinologists. The survey median reflected a work relative value of 1.20, however, the specialty recommended that the code be valued similar to the care plan oversight services at 1.73. The RUC reviewed the time involved and did not agree that this was an appropriate comparison. The RUC reviewed the time data of 5 minutes pre-time, 20 minutes intra-time, and 5 minutes post-time and compared this to the physician time and intensity involved in CPT code 99214 *Level 4 Established Office Visit* (work RVU = 1.10) with intra-time of 25 minutes, and a total time of 38 minutes, and determined that 99091 should be valued at this level. The RUC also agreed that the intra-service time for this code should be modified to be 30 minutes as the CPT descriptor clearly states that the physician must spend a minimum of 30 minutes to report this service. **The RUC recommends a work relative value of 1.10 for code 99091.**

Practice Expense:

There are no direct practice expense inputs related to this service.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Source of Current Work RVU*	Work RVU Recommendation
99090		Analysis of ~~information~~ clinical data stored in computers (eg, ECGs, blood pressures, hematologic data) (For physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver, see 99091)	XXX	N/A HCFA considers this a bundled service and provides no separate payment	N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Source of Current Work RVU*	Work RVU Recommendation
		(Do not report 99090 if other more specific CPT codes exist, e.g., 93014, 93227, 93233, 93272 for cardiographic services; 95250 for continuous glucose monitoring, 97750 for musculoskeletal function testing)			
Medicine **Special Services, Procedures and Reports** Code 99091 should be reported no more than once in a 30 day period to include the physician or health care provider time involved with data accession and review, data interpretation, modification of care plan as necessary (including communication to patient and/or caregiver) and associated documentation. If the services described by code 99091 are provided on the same day the patient presents for an E/M service, these services should be considered part of the E/M service and not separately reported. Do not report 99091 if it occurs within 30 days of care plan oversight services 99374-99380. Do not report 99091 if other more specific CPT codes exist, (eg, 93014, 93227, 93233, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.					
● 99091	AA1	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time	XXX	N/A	1.10

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American College of Physicians–American Society of Internal Medicine
American Association of Clinical Endocrinology

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 990XX Tracking Number: AA1 Global Period: XXX Recommended RVW~~: 1.73~~
RUC Rec: 1.10

CPT Descriptor: Collection and interpretation of physiologic data (e.g. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time.

CPT Instructions:

Code 990XX should be reported no more than once in a 30 day period to include the physician or health care provider time involved with data accession and review, data interpretation, modification of care plan as necessary (including communication to patient and/or caregiver) and associated documentation.

If the services described by code 990XX are provided on the same day the patient presents for an E/M service, these services should be considered part of the E/M service and not separately reported.

Do not report 990XX if it occurs within 30 days of care plan oversight services 99374-99380. Do not report 990XX if other more specific CPT codes exist, (eg, 93014, 93227, 93233, 93272 for cardiographic services; 926X1 for continuous glucose monitoring). Do not report 990XX for transfer and interpretation of data from hospital or clinical laboratory computers.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:

A 67-year old male with labile diabetes is utilizing a home glucose-monitoring device to capture multiple glucose readings during the course of a month in association with diary data of symptoms, medication, exercise, and diet. The data is transmitted from home computer to physician's office by email, downloaded by physician and data reviewed. Pre-service work includes chart review concerning prior glucose control methods. Intra-service work involves the physician spending 35 minutes during a 30-day period for the review, interpretation and report based on the physiologic data and diary. Separate time spent typically involves at least one contact with patient (e.g. telephone call or e-mail exchange) with further advice about medical management and monitoring recommendations. Post-service work includes associated chart documentation.

Description of Pre-Service Work: The pre-service period includes chart review regarding patient condition and prior treatment.

Description of Intra-Service Work: The intra-service period includes your review, interpretation, and report of the data digitally stored and/or transmitted by the patient. The intra-service period involves at least one communication (e.g. phone call or e-mail exchange) with the patient to provide medical management and monitoring recommendations.

Description of Post-Service Work: The post-service period includes documenting the service in the patient's medical record and arranging for further services.

CPT Code: 990XX Tracking Number: AA1

SURVEY DATA:

Presenter(s):ACP-ASIM and AACE

Specialty(s): Internal Medicine, Endocrinology, (This service will be provided by most physician specialties).

Sample Size: 58/170 Response Rate: (%): 34.1% Median RVW: 1.2

Type of Sample (Bold One): random, panel, **convenience**.

Explanation of sample size: Survey mailed to 170 AACE and ACP-ASIM members who indicated they were interested in participating in such surveys.

25th Percentile RVW: 0.9 75th Percentile RVW: 1.6 Low: 0.38 High: 3.60

Median Pre-Service Time: 5 minutes Median Intra-Service Time: 30 minutes

25th Percentile Intra-Svc Time: 15 minutes 75th Percentile Intra-Svc Time: 35 minutes

Intra-Svc Time Low: 6 minutes High: 46 minutes

Median Post-Service Time: 5 minutes

KEY REFERENCE SERVICE:

CPT Code	CPT Descriptor	RVW
99375	Care Plan Oversight, 30 minutes or more, home health patient	1.73
99378	Care Plan Oversight, 30 minutes or more, hospice patient	1.73

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.**

TIME ESTIMATES (Median)	**New/Revis. CPT Code:**	**Key Reference* CPT Code:**
Median Pre-Time	5	10
Median Intra-Time	30	38
Median Immediate Post-service Time	5	10
Median of Aggregate Critical Care Times		
Median of Aggregate Other Hospital Visit Times		
Median Discharge Day Management Time		
Median of Aggregate Office Visit Times		

INTENSITY/COMPLEXITY MEASURES (Mean)

Mental Effort and Judgement (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	3.13	3.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.47	3.33
Urgency of medical decision making	3.20	3.17

Technical Skill/Physical Effort (Mean)

Technical skill required	3.09	3.17
Physical effort required	2.27	2.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.36	3.33
Outcome depends on the skill and judgement of physician	3.75	3.22

Estimated risk of malpractice suit with poor outcome	3.25	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.69	2.89
Intra-Service intensity/complexity	3.5	2.56
Post-Service intensity/complexity	2.74	2.78

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation.

ACP-ASIM and AACE recommend that the RUC approve a RVW of 1.73, which is the same RVW as care plan oversight (99375 and 99378). Please note that intensity and complexity measures of the surveyed code (990XX) and the care plan oversight reference codes are almost identical, with a few exceptions demonstrating greater complexity for the surveyed code (990XX). Most notable is that the intra-service intensity/complexity is significantly higher for the surveyed code (990XX), 3.5 versus 2.56. Both the surveyed code (990XX) and the reference codes are by definition a minimum of 30 minutes a month. Therefore following the CPT definition and the complexity/intensity measures, the surveyed code (990XX) should have the same RVW as care plan oversight or higher.

In addition, the ACP-ASIM and AACE Committees reviewing the survey data believe that the physicians who completed the survey understated the amount of time involved with providing service 990XX because the survey vignette mentions “at least one contact with patient (e.g. telephone call or e-mail exchange) with further advice about medical management and monitoring recommendations.” ACP-ASIM and AACE believe this statement encouraged survey respondents to describe the minimum amount of time involved with this service (one physician-patient electronic encounter), rather than the typical time, which may include multiple physician-patient electronic encounters.

FREQUENCY INFORMATION

How was this service previously reported? As care plan oversight in limited settings or as pre- and post- service work in conjunction with an office visit. However, this code was created for circumstances in which physician review of data pertaining to a previous visit exceeds the review involved with typical pre- and post- service E/M service work and /or for on-going monitoring of patient data not in conjunction with an office visit.

How often do physicians in your specialty perform this service? If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine ___X__Commonly _____Sometimes _____Rarely

Specialty Endocrinology ___X__Commonly _____Sometimes _____Rarely

For your specialty, 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 information for each specialty.

Specialty: Internal Medicine (including endocrinology) Frequency: 570,000

For your specialty, estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? If this is a recommendation from multiple specialties please estimate frequency for each specialty.

Specialty: Internal Medicine (including endocrinology) Frequency: 350,000

Do many physicians perform this service across the United States? __X___Yes _____No

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AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2012

Interprofessional Telephone Consultative Services

In June 2010, the CPT Editorial Panel created the Telephone Consultative Services Workgroup to address a proposal to create codes describing telephone/internet consultative services. The workgroup was charged with the following: Clarify use by non-physicians; Review the appropriateness of time increments for physician to patient calls; Clarify the typical patient/service descriptions based upon literature supplied; Consider appropriate use of term "consultation"; and Consider time interval for non-reporting as being distinct from a patient call (ie, if a face to face service occurs the next week or if co-management is in progress and the patient is seen every month, but more than 7 days previously, is the service reported). In May 2012, the CPT Editorial Panel approved a new Evaluation and Management subsection, guidelines and four codes to describe and report telephone/internet consultative services.

An interprofessional telephone/internet consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician/qualified health care professional in the diagnosis and/or management of the patient's problem without the need for the patient's face to face contact with the consulting physician.

These services are typically provided in complex and/or urgent situations where a timely face to face service with the consultant may not be feasible (eg, geographic distance). These codes should not be reported by a consultant who has agreed to accept transfer of care before the telephone/internet assessment, but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial interprofessional telephone/Internet consultation.

The patient for whom the interprofessional telephone/internet consultation is requested may be either a new patient to the consulting physician or an established patient with a new problem or an exacerbation of an existing problem. However, the consultant should not have seen the patient in a face to face encounter within the last 14 days. When the telephone/internet consultation leads to an immediate transfer of care or other face-to-face service (eg, a surgery, hospital visit or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date by the consultative physician, these codes are not reported.

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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/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review

The RUC reviewed the survey results from 48 multi-specialty physicians and determined that the survey respondents overestimated physician work. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 3 minutes for pre-service; 8 minutes for intra service; and 5 minutes for post service. The RUC reviewed key reference service, CPT code 99441 *Telephone evaluation and management service provided by a physician 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* (work RVU=0.25) and agreed that 99446 is a more intense procedure. Typically, the patient is unknown to the consulting physician, the service is provided in a complex/urgent situation and the medical decision-making required is more intense than the key reference service. In order to maintain the proper rank order in relation to 99447 (described below), the RUC used magnitude estimation and determined that a work RVU between the survey 25th percentile (0.50) and the work RVU of 99441 (0.25) is appropriate. The RUC also compared 99446 to 99281 *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 providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor* (work RVU = 0.45) and determined that 99281 is a more intense service and should be valued higher. **The RUC recommends a work RVU of 0.35 for CPT code 99446.**

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/qualified healthcare professional; 11-20 minutes of medical consultative discussion and review

The RUC reviewed the survey results from 31 multi-specialty physicians and determined that the survey respondents overestimated physician work. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 3 minutes of pre-service; 15 minutes of intra service; and 5 minutes of post service. The RUC reviewed key reference service, 99442 *Telephone evaluation and management service provided by a physician 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* (work RVU=0.50) and agreed that 99447 is a more intense procedure. Typically, the patient in unknown to the consulting physician, the service is provided in a complex/urgent situation and the medical decision-making required is more intense than the key reference service. In order to maintain the proper rank order within the family of services, the specialty society indicated and the RUC agreed that a work of 0.70, lower than the survey 25th percentile is appropriate. The 0.35 increment increase in work RVU is similar to that within the telephone evaluation and management services, 99441-99443. The RUC also reviewed CPT code 99241 *Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and*

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Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family (work RVU = 0.64 and 15 minutes of intra-service time) and agreed that 99447 should be valued higher since it is typically provided in a complex/urgent situation. **The RUC recommends a work RVU of 0.70 for CPT code 99447.**

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/qualified healthcare professional; 21-30 minutes of medical consultative discussion and review

The RUC reviewed the survey results from 31 multi-specialty physicians and determined that the survey respondents overestimated physician work. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 5 minutes for pre-service; 25 minutes for intra service; and 5 minutes of post service. The RUC reviewed CPT code 99443 *Telephone evaluation and management service provided by a physician 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* (work RVU=0.75) and agreed that 99448 is a more intense procedure. Typically, the patient in unknown to the consulting physician, the service is provided in a complex/urgent situation and the medical decision-making required is more intense than the key reference service. In order to maintain the proper rank order within this family of services, the RUC used magnitude estimation and determined that a work RVU of 1.05 is appropriate (99447 work RVU of 0.70 + 0.35 = 1.05). The RUC compared 99448 to 99374 *Physician 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 physician development and/or revision of care plans, 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* (work RVU = 1.10) and determined that 99374 is a more intense service and should be valued higher. **The RUC recommends a work RVU of 1.05 for CPT code 99448.**

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/qualified healthcare professional; 31 minutes or more of medical consultative discussion and review

The RUC reviewed the survey results from 26 multi-specialty physicians and determined that the survey respondents overestimated physician work. The RUC noted that 99449 will typically be utilized by behavioral/mental health professionals as there is a perceived need with access to care. The specialty societies proposed and the RUC accepted modifications to the survey times to more accurately reflect the CPT descriptor: 9 minutes for pre-service; 31 minutes for intra service; and 10 minutes for post service. The RUC reviewed CPT codes 92014 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established*

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patient, 1 or more visits (work RVU=1.42) and 99304 *Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.* (work RVU=1.64) and agreed that both services require less intra-service time and are more intense than 99449. **The RUC recommends a work RVU of 1.40 for CPT code 99449.**

New Technology
This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
An on-line electronic medical evaluation is a non-face-to-face evaluation and management (E/M) service by a physician to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple physicians could report their exchange with the same patient. If the on-line medical evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter. (For an on-line medical evaluation provided by a qualified nonphysician health care professional, use 98969)				

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99444	Online evaluation and management service provided by a physician to an established patient~~,~~ or guardian not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (Do not report 99444 when using 99339-99340, 99374-99380 for the same communication[s]) (Do not report 99444 for anticoagulation management when reporting 99363, 99364) (Do not report 99444 with 99446-99449)

Interprofessional Telephone/Internet Consultations

The consultant should use the following codes to report interprofessional telephone/internet consultations. An interprofessional telephone/internet consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician/qualified health care professional in the diagnosis and/or management of the patient's problem without the need for the patient's face to face contact with the consulting physician.

These services are typically provided in complex and/or urgent situations where a timely face to face service with the consultant may not be feasible (eg, geographic distance). These codes should not be reported by a consultant who has agreed to accept transfer of care before the telephone/internet assessment, but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial interprofessional telephone/internet consultation.

The patient for whom the interprofessional telephone/internet consultation is requested may be either a new patient to the consulting physician or an established patient with a new problem or an exacerbation of an existing problem. However the consultant should not have seen the patient in a face to face encounter within the last 14 days. When the telephone/internet consultation leads to an immediate transfer of care or other face-to-face service (eg, a surgery, hospital visit or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date by the consultative physician, these codes are not reported.

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Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc may be required and transmitted electronically, by fax or by mail immediately before the telephone/internet consultation or following the consultation.

The review of this data is included in the telephone/internet consultation service and should not be reported separately. The majority of the service time reported (greater than 50%) must be devoted to the medical consultative verbal/I**nternet** discussion. This service should not be reported more than once within a seven day interval.

If more than one telephone/internet contact(s) is required to complete the consultation request (eg, discussion of test results), the entirety of the service and the cumulative discussion and information review time should be reported with a single code.

The written or verbal request for telephone/internet advice by the treating/requesting physician/qualified healthcare professional should be documented in the patient's medical record, including the reason for the request, and concludes with a verbal opinion report and written report from the consulting physician to the treating/requesting physician/qualified healthcare professional.

Telephone/internet consultations of less than 5 minutes should not be reported. Consultant communications with the patient and/or family may be reported using 99441-99444, 98966-98969) and the time related to these services is not used in reporting 99446-99449.

When the sole purpose of the telephone/internet communication is to arrange a transfer of care or other face-to-face service these codes are not reported.

The treating/requesting physician/qualified healthcare professional may report the prolonged service codes 99354-99357 for the time spent on the inter-professional telephone/internet discussion with the consulting (eg, specialist) physician if the time **exceeds 30 minute**s beyond the typical time of the appropriate E/M service performed and the patient is present (onsite) and accessible to the treating/requesting physician/qualified healthcare professional. If the interprofessional telephone/internet assessment and management service occurs when the patient is not present or on-site, and the discussion time exceeds 30 minutes beyond the typical time of the appropriate E/M service performed, then the non face-to-face prolonged service codes 99358-99359 may be reported by the treating/requesting physician/qualified healthcare professional.

(For telephone services provided by a physician to a patient, see 99441-99443)

(For telephone services provided by a qualified healthcare professional to a patient, see 98966-98968)

(For an on-line medical evaluation provided by a physician to a patient, use 99444)

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(For an on-line assessment and management service provided by a qualified healthcare professional to a patient, use 98969)				
●99446	E1	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/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review	XXX	0.35
●99447	E2	11-20 minutes of medical consultative discussion and review	XXX	0.70
●99448	E3	21-30 minutes of medical consultative discussion and review	XXX	1.05
●99449	E4	31 minutes or more of medical consultative discussion and review	XXX	1.40

Medicine
Non-Face-To-Face Services
On-line Medical Evaluation

An on-line electronic medical evaluation is a non-face-to-face assessment and management service by a qualified health care professional to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the qualified health care professional's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple qualified healthcare professionals could report their exchange with the same patient. If the on-line medical evaluation refers to an assessment and management service previously performed and reported by the qualified health care professional within the previous seven days (either qualified health care professional requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous assessment and management office service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.

(For an on-line medical evaluation provided by a physician, use 99444)

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98969	Online evaluation and management service provided by a qualified nonphysician health care professional to an established patient or guardian not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network (2/12 Panel Action) (Do not report 98969 when using 99339-99340, 99374-99380 for the same communication[s]) (Do not report 98969 for anticoagulation management when reporting 99363, 99364)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99446 Tracking Number E1 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.35**

CPT Descriptor: 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/qualified healthcare professional; 5-10 minutes of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A two day old hospitalized newborn develops poor feeding and tachypnea and is diagnosed with group B streptococcal bacteremia. The patient's primary care physician telephones an infectious disease specialist located several hours away for treatment advice.

Percentage of Survey Respondents who found Vignette to be Typical: 65%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 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: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)		
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society		
CPT Code:	99446		
Sample Size:	1738	**Resp N:** 48	**Response:** 2.7 %
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.25	**22.50**	50.00	1000.00
Survey RVW:	0.25	0.50	**0.64**	1.03	49.99
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	90.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99446	**Recommended Physician Work RVU: 0.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99441	XXX	0.25	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
99212	XXX	0.48	**RUC Time**	18,400,000

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
65205	000	0.71	**RUC Time**	28,100

CPT Descriptor 2 Removal of foreign body, external eye; conjunctival superficial

Other Reference CPT Code	Global	Work RVU	Time Source
99442	XXX	0.50	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician 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

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 31.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 99446**	**Key Reference CPT Code:** 99441	**Source of Time RUC Time**
Median Pre-Service Time	3.00	1.00	

Median Intra-Service Time	8.00	8.00
Median Immediate Post-service Time	5.00	4.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**16.00**	**13.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.87	3.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.73	3.60
Urgency of medical decision making	4.13	3.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	3.00
Physical effort required	2.13	2.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.87	3.53
Outcome depends on the skill and judgment of physician	4.07	3.67
Estimated risk of malpractice suit with poor outcome	3.33	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.33	2.27
Intra-Service intensity/complexity	3.47	3.40
Post-Service intensity/complexity	2.67	2.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

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 not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 112497
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 83081 Percentage 73.85 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 29416 Percentage 26.14 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,691 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 24691 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99462

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99447 Tracking Number E2 Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: 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/qualified healthcare professional; 11-20 minutes of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old male on levothyroxine and cortisone is admitted to an ICU for chest pain. The hospitalist contacts the patient's endocrinologist to obtain additional information regarding the illness(es) being treated, the dosage of the prescribed medications, any recent laboratory data and additional treatment and management options that should be considered during the hospitalization.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)				
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society				
CPT Code:	99447				
Sample Size:	1738	**Resp N:**	31	**Response:** 1.7 %	
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	20.00	100.00
Survey RVW:	0.30	0.75	**0.95**	1.03	45.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	11.50	**15.00**	20.00	80.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99447	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99442	XXX	0.50	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,960,000

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
65205	000	0.71	**RUC Time**	28,100

CPT Descriptor 2 Removal of foreign body, external eye; conjunctival superficial

Other Reference CPT Code	Global	Work RVU	Time Source
99241	XXX	0.64	**RUC Time**

CPT Descriptor Office consultation for a new or established 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 providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

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: 9 **% of respondents:** 29.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 99447**	**Key Reference CPT Code:** 99442	**Source of Time RUC Time**
Median Pre-Service Time	3.00	1.00	
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	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**23.00**	**21.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.11	3.67
Urgency of medical decision making	4.22	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.44	3.44
Physical effort required	2.67	2.56
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.22	4.11
Outcome depends on the skill and judgment of physician	4.44	4.44
Estimated risk of malpractice suit with poor outcome	3.78	3.89

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.78	2.78

Intra-Service intensity/complexity	3.89	3.67
Post-Service intensity/complexity	3.00	2.78

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

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 not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 99801
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 75133 Percentage 75.28 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 24668 Percentage 24.71 %

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? 23,129 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 23129 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the 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. 99462

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99448 Tracking Number E3 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.05**
Global Period: XXX RUC Recommended RVU: **1.05**

CPT Descriptor: 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/qualified healthcare professional; 21-30 minutes of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57 year old woman was sent for a CT exam by her primary care physician for recurrent severe headaches during which a thyroid nodule is incidentally identified The primary care physician contacts an endocrinologist to discuss the appropriate diagnostic evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)		
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society		
CPT Code:	99448		
Sample Size:	1738	**Resp N:** 31	**Response:** 1.7 %
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	25.00	100.00
Survey RVW:	0.50	0.75	**1.00**	1.50	45.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99448	**Recommended Physician Work RVU: 1.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99443	XXX	0.75	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,960,000

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 35.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 99448**	**Key Reference CPT Code:** 99443	**Source of Time RUC Time**
Median Pre-Service Time	5.00	1.00	
Median Intra-Service Time	25.00	20.00	
Median Immediate Post-service Time	5.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**35.00**	**31.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.09	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.18	3.91
Urgency of medical decision making	4.18	3.91
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.27	3.18
Physical effort required	2.73	2.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.09	3.82
Outcome depends on the skill and judgment of physician	4.27	4.18
Estimated risk of malpractice suit with poor outcome	3.82	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.73	2.64

Intra-Service intensity/complexity	4.18	3.82
Post-Service intensity/complexity	2.82	2.64

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

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 not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 94626
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 72212 Percentage 76.31 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 22414 Percentage 23.68 %

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? 21,464 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 21464 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the 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. 99462

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99449 Tracking Number E4 Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: 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/qualified healthcare professional; 31 minutes or more of medical consultative discussion and review

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 10 year old boy with attention deficit disorder has become increasingly aggressive at home and school. The child's pediatrician arranges a telephone consultation with a child and adolescent psychiatrist and forwards historical records on the child prior to the telephone consultation.

Percentage of Survey Respondents who found Vignette to be Typical: 62%

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: Confirms that patient, parent, or legal guardian has been informed in advance of the telephone consultation and has agreed. Decide on appropriate timing to fit call into existing daily schedule. Review any data or relevant information sent to consultant in advance of call.

Description of Intra-Service Work: Clarify from the requesting physician the nature of the patient's problem to be discussed. Obtain from the requesting physician all relevant history, physical examination, lab data, imaging. Present to requesting physician an analysis of the patient's problem, including likely diagnosis and suggested management. Provide to requesting physician alternative diagnoses and management approaches, including plusses and minuses of each. Respond to questions from the requesting physician to clarify diagnostic and treatment approach. Relay to requesting physician all relevant scientific background on the disease at issue needed to understand the consultant's recommendations or to respond to requesting physician's questions. Outline suggestions for long-term handling of the patient's problem.

Description of Post-Service Work: Review all relevant lab tests and other data not previously made available to consultant. Complete any literature review in response to issues raised during the phone call. Prepare a written response to the requesting physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Steve Krug, MD, FAAP and Dennis Murray, MD, FAAP (AAP); Kevin Kerber, MD (AAN); Alfonso Bello, MD (ACRh); Allan Glass, MD (TES); Howard Lando, MD (AACE)				
Specialty(s):	American Academy of Neurology, American Academy of Pediatrics, American Association of Clinical Endocrinologists, American College of Rheumatology, The Endocrine Society				
CPT Code:	99449				
Sample Size:	1738	**Resp N:**	26	**Response:** 1.4 %	
Description of Sample:	A survey was sent to 300 randomly selected AAN members; 1, 021 AAP members, 128 ACRh members, 150 TES members and 18 TES Advisors, 100 AACE members 21 members of of the Socioeconomics and Member Advocacy Committee				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	10.00	140.00
Survey RVW:	0.50	1.14	**1.80**	1.90	45.00
Pre-Service Evaluation Time:			**9.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	31.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99449	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**9.00**	**0.00**	**9.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**31.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99243	XXX	1.88	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes 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
99238	XXX	1.28	**RUC Time**	4,800,000

CPT Descriptor 1 Hospital discharge day management; 30 minutes or less

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
99242	XXX	1.34	**RUC Time**

CPT Descriptor Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

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: 10 **% of respondents:** 38.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 99449**	**Key Reference CPT Code:** 99243	**Source of Time RUC Time**
Median Pre-Service Time	9.00	5.00	

Median Intra-Service Time	31.00	28.00
Median Immediate Post-service Time	10.00	7.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**50.00**	**40.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.60	4.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.60	4.40
Urgency of medical decision making	4.50	4.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.90	4.10
Physical effort required	2.70	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.30
Outcome depends on the skill and judgment of physician	4.60	4.40
Estimated risk of malpractice suit with poor outcome	4.40	4.10

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.40	3.80
Intra-Service intensity/complexity	4.60	4.40
Post-Service intensity/complexity	3.60	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert panel was constituted from RUC advisors representing the surveying specialty societies. This expert panel reviewed the survey results in detail and conferred by telephone conference call on several occasions, together with specialty society staff members. As the four codes are linked and ordered by increasing time intervals for the duration of the telephone consultation, initial discussion focused on establishing 99446 as the anchor for the family. Based on survey results and comparison with other codes, the panel recommends the 25th percentile of the survey results (0.50 work RVUs) for 99446. Based on similar considerations, the panel recommends the 25th percentile of the survey results (0.75 work RVUs) for 99447.

The physician work survey results for 99448 were virtually identical to those of 99447, thus leading to a rank order anomaly if the 25th percentile were used. The panel recommends that the median physician work from the survey (1.00) should be used to avoid this rank order anomaly. In addition, this recommendation also maintains the same increment between 99446 and 99447 as between 99447 and 99448.

For 99449, the panel recommends a physician work value of 1.25, just slightly over the survey 25th percentile. This recommendation maintains the same interval between 99449 and 99448 as between 99448 and 99447 or between 99447 and 99446.

After comparison of the survey times with the times from various comparator codes, the panel recommends the median survey times for all four codes as there didn't appear to be substantial reason for modifying the survey results.

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 not previously reported.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Neurology/Endocrinology/Rheumatology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 79666
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 60214 Percentage 75.58 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 17452 Percentage 21.90 %

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? 18,694 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel estimation

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Neurology/Endocrinology/Rheumatology Frequency 18694 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99462

SS Rec Summary

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	99441	Telephone evaluation and management service provided by a physician to an established patient		0.017			0.25			13	1					8			4																		
CURRENT				#DIV/0!						0																												
SVY	99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 5-10 minutes	48	0.042	0.25	0.50	0.64	1.03	49.99	20	5			2	5	10	15	90	5																		
REC	99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 5-10 minutes		0.028	0.50					20	5					10			5																		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	99442	Telephone evaluation and management service provided by a physician to an established patient		0.024			0.50			21	1					15			5																		
CURRENT				#DIV/0!						0																												
SVY	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes	31	0.048	0.30	0.75	0.95	1.03	45.00	25	5			5	####	15	20	80	5																		
REC	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes		0.035	0.75					25	5					15			5																		

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
3						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
4	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						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
18	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
19	REF	99443	Telephone evaluation and management service provided by a physician to an established patient		0.025			0.75			31	1					20			10																			
20	CURRENT				#DIV/0!						0																												
21	SVY	99448	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes	31	0.039	0.50	0.75	1.00	1.50	45.00	30	5			5	15	20	25	60	5																			
22	REC	99448	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes		0.039			1.00			30	5					20			5																			
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	REF	99243	Office consultation for a new or established patient		0.058			1.88			40	5					28			7																			
27	CURRENT				#DIV/0!						0																												
28	SVY	99449	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more	26	0.046	0.50	1.14	1.80	1.90	45.00	49	9			10	20	30	31	60	10																			
29	REC	99449	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more		0.027			1.25			49	9					30			10																			

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
16	REF	99442	Telephone evaluation and management service provided by a physician 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		0.024			0.50			21	1					15			5																				
17	CURRENT				#DIV/0!						0																													
18	SVY	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes	31	0.048	0.30	0.75	0.95	1.03	45.00	25	5			5	11.50	15	20	80	5																					
19	REC	99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 11-20 minutes		0.035	0.75					25	5					15			5																				

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.
Hide columns and rows that do not contain data.
REF = Key Reference code data
CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.
SVY = Survey data - as it appears on the Summary of Recommendation form.
REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
	REF	99443	Telephone evaluation and management service provided by a physician 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		0.025			0.75			31	1					20			10																				
	CURRENT				#DIV/0!						0																														
	SVY	994XX3	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes	31	0.039	0.50	0.75	1.00	1.50	45.00	30	5			5	15	20	25	60	5																					
	REC	994XX3	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 21-30 minutes		0.039			1.00			30	5					20			5																				

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Interprofessional telephone/internet consultative services

TAB: 14

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.		0.058			1.88			40	5				28				7																					
CURRENT				#DIV/0!						0																													
SVY	994XX4	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more	26	0.046	0.50	1.14	1.80	1.90	45.00	49	9			10	20	30	31	60	10																					
REC	994XX4	Interprofessional telephone/internet assessment and management service provided by a consultative physician; 31 minutes or more		0.027			1.25			49	9				30				10																					

Tab Number

Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey 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

STEVEN E. KRUG, MD

Printed Signature

A. A. P.

Specialty Society

6/14/12

Date

#14_____
Tab Number

Interprofessional Telephone/Internet Consultative Services
Issue

____994XX1-994XX4
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

__Alfonso Bello, MD, MHS, FACP, FACR_____
Printed Signature

American College of Rheumatology_____
Specialty Society

October 4, 2012_____
Date

14
Tab Number

Interprofessional Telephone Consultations
Issue

994XX1-994XX4
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

Allan R. Glass, MD
Printed Signature

The Endocrine Society
Specialty Society

10/4/2012
Date

14
Tab Number

Transitional Care Management codes
Issue

99490X, 99491X
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

Howard Milton Lando, MD
Printed Signature

American Association of Clinical Endocrinologists
Specialty Society

_____
Date

_____
Tab Number

_____
Issue

_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey 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

__Kevin A. Kerber_____
Printed Signature

__AAN_____
Specialty Society

___9/7/2012_____
Date

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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September 11, 2012

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
Department of Physician Payment Policy and Systems
515 North State Street
Chicago, IL 60610

Re: Direct Practice Expense Inputs for Interprofessional Telephone/Internet Consultative Services (994XX1-994XX4; Tracking Codes E1-E4; Tab 14)

Dear Dr Levy:

Codes 994XX1-994XX4 (*Interprofessional telephone/internet assessment and management service provided by a consultative physician*) are among the codes being considered during the October 2012 RUC meeting.

The American Academy of Pediatrics (AAP), the American Academy of Neurology (AAN), the American College of Rheumatology (ACRh), The Endocrine Society (TES), and the American Association of Clinical Endocrinologists (AACE) have conducted physician work surveys for codes 994XX1-994XX4 and developed work RVU recommendations based on the survey results.

However, we recommend no direct practice expense inputs for codes 994XX1-994XX4.

If you have any questions, please contact Linda Walsh, AAP staff, at 800/433-9016 ext 7931 or lwalsh@aap.org. Thank you.

Sincerely,

Alfonso Bello, MD
ACRh RUC Advisor

Allan Glass, MD
TES RUC Advisor

Howard Milton Lando, MD
AACE RUC Advisor

Kevin Kerber, MD
AAN RUC Advisor

Steve Krug, MD
AAP RUC Advisor

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						☐		☐
0002U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						☐		☐
0003U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						☐		☐
0004U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						☐		☐
0005U	XXX	N	Feb17	62	PLA Q1 Codes		CLFS						☐		☐
0051T	XXX	D	Oct16	26	Artificial Heart System Procedures		Jan17	09	STS, AATS				☐		☐
0052T	XXX	D	Oct16	26	Artificial Heart System Procedures		Jan17	09	STS, AATS				☐		☐
0053T	XXX	D	Oct16	26	Artificial Heart System Procedures		Jan17	09	STS, AATS				☐		☐
00740	XXX	D	Oct16	12	Anesthesia for GI Procedures		Jan17	04	ASA				☑		☐
00731	XXX	N	Oct16	12	Anesthesia for GI Procedures	N1	Jan17	04	ASA	5.00	5.00		☑		☐
00732	XXX	N	Oct16	12	Anesthesia for GI Procedures	N2	Jan17	04	ASA	6.00	6.00		☑		☐
00810	XXX	D	Oct16	12	Anesthesia for GI Procedures		Jan17	04	ASA				☑		☐
00811	XXX	N	Oct16	12	Anesthesia for GI Procedures	N3	Jan17	04	ASA	5.00	4.00		☑		☐
00812	XXX	N	Oct16	12	Anesthesia for GI Procedures	N4	Jan17	04	ASA	4.00	4.00		☑		☐
00813	XXX	N	Oct16	12	Anesthesia for GI Procedures	N5	Jan17	04	ASA	6.00	5.00		☑		☐
01180	XXX	D	Oct16	101	Code Set Maintenance		Deleted						☑		☐
01190	XXX	D	Oct16	101	Code Set Maintenance		Deleted						☑		☐
01682	XXX	D	Oct16	101	Code Set Maintenance		Deleted						☑		☐
0178T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐		☐

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

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

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
09X9T	XXX	N	June17	37	Category III Ablative Laser Wound Treatment		Cat III						☐		☐
0464T	XXX	N	May16	29	Visual Evoked Potential Testing		Oct16	11					☐		☐
0481T	XXX	N	Feb17	46	Category III Injection Autologous White Blood Cell Concentrate		Cat III						☐		☐
15732	090	D	Oct16	5 and 1	Muscle Flap		Jan17	05					☑		☐
15734	090	F	Oct16	5 and 1	Muscle Flap	O4	Jan17	05		23.00	23.00		☑		☐
15736	090	F	Oct16	5 and 1	Muscle Flap	O5	Jan17	05		17.04	17.04	Yes	☑		☐
15738	090	F	Oct16	5 and 1	Muscle Flap	O6	Jan17	05		19.04	19.04	Yes	☑		☐
15730	090	N	Oct16	5 and 1	Muscle Flap	O2	Jan17	05	AAO	13.50	13.50		☑		☐
15733	090	N	Oct16	5 and 1	Muscle Flap	O3	Jan17	05	ASPS	15.68	15.68		☑		☐
17250	000	R	Oct16	17	Chemical Cauterization		Editorial			0.50	0.50	Yes	☑		☐
19294	ZZZ	N	May16	12	Intraoperative Radiation Therapy Applicator Procedures	H1	Oct16	07	ASBrS	3.00	3.00		☑		☑
20939	ZZZ	N	Oct16	21	Bone Marrow Aspiration	Q1	Jan17	06	ISASS, NASS, AAOS, AANS, CNS, ASH	1.16	1.16		☑		☐
29582	000	D	Oct16	22	Multi-Layer Compression System		Deleted						☑		☐
29583	000	D	Oct16	22	Multi-Layer Compression System		Deleted						☑		☐
29888	090	R	Oct16	23	Cruciate Ligament Repair Instruction		Editorial			14.30	14.30	Yes	☑		☐
29889	090	R	Oct16	23	Cruciate Ligament Repair Instruction		Editorial			17.41	17.41	Yes	☑		☐

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

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
34709	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U9	Jan17	10	SVS, SIR, ACS, STS, AATS	6.50	6.50		☑		☐
34710	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U10	Jan17	10	SVS, SIR, ACS, STS, AATS	17.00	15.00		☑		☐
34711	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U11	Jan17	10	SVS, SIR, ACS, STS, AATS	6.00	6.00		☑		☐
34712	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U12	Jan17	10	SVS, SIR, ACS, STS, AATS	14.00	12.00		☑		☐
34713	090	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U13	Jan17	10	SVS, SIR, ACS, STS, AATS	2.50	2.50		☑		☐
34714	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U15	Jan17	10	SVS, SIR, ACS, STS, AATS	6.13	5.25		☑		☐
34715	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U19	Jan17	10	SVS, SIR, ACS, STS, AATS	6.00	6.00		☑		☐
34716	ZZZ	N	Oct16	27	Endovascular Repair Procedures (EVAR)	U20	Jan17	10	SVS, SIR, ACS, STS, AATS	8.00	7.19		☑		☐
35303	090	R	Oct16	28	Thromboendarterectomy Instruction		Editorial			23.60	23.60	Yes	☑		☐
35306	ZZZ	R	Oct16	28	Thromboendarterectomy Instruction		Editorial			9.25	9.25	Yes	☑		☐
36120	XXX	D	Oct16	38	Brachial Retrograde Angiography		Deleted						☑		☐
36140	XXX	R	Oct16	38	Brachial Retrograde Angiography		Editorial			1.76	1.76	Yes	☑		☐
36468	000	R	Oct16	29	Treatment of Incompetent Veins	V1	Jan17	11	No Interest				☑	Not covered by Medicare, no recommendation	☐
36470	000	R	Oct16	29	Treatment of Incompetent Veins	V2	Jan17	11	SVS, SIR, SCAI, ACS, ACPh	1.10	0.75		☑		☐
36471	000	R	Oct16	29	Treatment of Incompetent Veins	V3	Jan17	11	SVS, SIR, SCAI, ACS, ACPh	2.49	1.50		☑		☐

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

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

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

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

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

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

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81107	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						☐		☐
81108	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						☐		☐
81109	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						☐		☐
81110	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						☐		☐
81111	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						☐		☐
81112	XXX	N	Oct16	40	Tier 1 Human Platelet Antigen Genotyping		CLFS						☐		☐
81120	XXX	N	Oct16	41	Tier 1 IDH1 and IDH2		CLFS						☐		☐
81121	XXX	N	Oct16	41	Tier 1 IDH1 and IDH2		CLFS						☐		☐
81238	XXX	N	Oct16	42	Tier 1 F9		CLFS						☐		☐
81230	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						☐		☐
81231	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						☐		☐
81232	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						☐		☐
81283	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						☐		☐
81328	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						☐		☐
81335	XXX	N	Oct16	44	Tier 1 Pharmacogenetic Tests		CLFS						☐		☐

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

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96111	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					☑	Refer to CPT	☐
96116	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD3	Jan17	18	AAN, APA (Psychology)		1.86	Yes	☑	Refer to CPT	☐
96118	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					☑	Refer to CPT	☐
96119	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					☑	Refer to CPT	☐
96120	XXX	D	Oct16	82	Psychological and Neuropsychological Testing		Jan17	18					☑	Refer to CPT	☐
96125	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD4	Jan17	18	ASHA		1.70	Yes	☑	Refer to CPT	☐
96127	XXX	F	Oct16	82	Psychological and Neuropsychological Testing	DD12	Jan17	18	AAP		0.00		☑	Refer to CPT	☐
96160	XXX	N	Oct15	05	Parent, Caregiver-focused Health Risk Assessment		Apr16	10	AAFP, AAP		0.00		☑	PE Inputs Recommendations Only	☐
96161	XXX	N	Oct15	05	Parent, Caregiver-focused Health Risk Assessment		Apr16	10	AAFP, AAP		0.00		☑	PE Inputs Recommendations Only	☐
96130	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD5	Jan17	18	APA (Psychology)				☑	Refer to CPT	☐
96131	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD6	Jan17	18	AAN, APA (Psychology)				☑	Refer to CPT	☐
96132	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD7	Jan17	18	AAN, APA (Psychiatry), APA (Psychology)				☑	Refer to CPT	☐
96133	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD8	Jan17	18	APA (Psychology)				☑	Refer to CPT	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96134	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD9	Jan17	18	AAN, APA (Psychology)				☑	Refer to CPT	☐
96135	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD10	Jan17	18	APA (Psychology)				☑	Refer to CPT	☐
96136	XXX	N	Oct16	82	Psychological and Neuropsychological Testing	DD11	Jan17	18	AAP, AAN, APA (Psychology)				☑	Refer to CPT	☐
96567	XXX	R	Oct16	78	Photodynamic Therapy		Jan17	17	AADA	0.00	0.00	Yes	☑	PE Inputs Only	☐
96573	XXX	N	Oct16	78	Photodynamic Therapy	EE1	Jan17	17	AADA	0.68	0.48		☑		☐
96574	000	N	Oct16	78	Photodynamic Therapy	EE2	Jan17	17	AADA	1.00	1.01		☑		☐
97532	XXX	D	Oct16	80	Cognitive Function Intervention		Jan17	HCPAC	ASHA, APA (Psychology)				☑		☐
97760	XXX	R	Oct16	81	Orthotic Management and Prosthetic Training	CC1	Jan17	HCPAC	APTA, AOTA	0.50	0.50		☑		☐
97761	XXX	R	Oct16	81	Orthotic Management and Prosthetic Training	CC2	Jan17	HCPAC	APTA	0.50	0.50		☑		☐
97762	XXX	D	Oct16	81	Orthotic Management and Prosthetic Training		Jan17	HCPAC	APTA				☑		☐
97763		N	Oct16	81	Orthotic Management and Prosthetic Training	CC3	Jan17	HCPAC	APTA, AOTA	0.48	0.48		☑		☐
97127		N	Oct16	80	Cognitive Function Intervention	BB1	Jan17	HCPAC	ASHA, APA (Psychology)	1.76	1.76		☑		☐
99217	XXX	R	Feb17	61	E-M Terminology		Editorial			1.28	1.28		☑		☐
99218	XXX	R	Feb17	61	E-M Terminology		Editorial			1.92	1.92		☑		☐
99219	XXX	R	Feb17	61	Initial Observation Care		Editorial						☑		☐

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

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					☑	RUC recommends deletion of G code	☐
G0507	XXX	D	Feb16	07	Psychiatric Collaborative Care Management Services	A4	Jan17	20	AGS, AACAP, APA, AAFP, ACP	0.61	0.61	Yes	☑	Re-Review After 2 Years	☑

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**Harvard Valued - Utilization Over 30,000**	**High Volume Growth**
27370	Injection of contrast for knee arthrography	Refer to CPT	X	X	X
29580	Strapping; Unna boot	0.55	X		
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	0.60	X		
30140	Submucous resection inferior turbinate, partial or complete, any method	3.00		X	
31610	Tracheostomy, fenestration procedure with skin flaps	12.00	X		
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	1.93	X		
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1.75	X		
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	1.70, Refer to CPT and Review at RAW in October 2021.	X		
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.00	X		
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	X		
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	X		
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	X		
70547	Magnetic resonance angiography, neck; without contrast material(s)	1.20	X		
70548	Magnetic resonance angiography, neck; with contrast material(s)	1.50	X		
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	1.80	X		
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	1.46	X		
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	1.73	X		
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	2.20	X		
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1.35	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**Harvard Valued - Utilization Over 30,000**	**High Volume Growth**
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	1.62	X		
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	2.15	X		
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	1.46	X		
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	1.73	X		
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	2.20	X		
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	1.75 and review utilization in October 2018	X		
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	1.97	X		
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	0.70	X		
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	0.64	X		
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	0.56	X		
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	Refer to CPT	X		
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	Refer to CPT	X		
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	0.65 and Refer to CPT	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**Harvard Valued - Utilization Over 30,000**	**High Volume Growth**
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	0.77 and Refer to CPT	X		
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	0.85 and Refer to CPT	X		
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	0.85 and Refer to CPT	X		
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	1.15 and Refer to CPT	X		
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	1.25 and Refer to CPT	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**Harvard Valued - Utilization Over 30,000**	**High Volume Growth**
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	0.52 and Refer to CPT	X		
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	0.30 and Refer to CPT	X		
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	0.45 and Refer to CPT	X		
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	0.43 and Refer to CPT	X		
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	0.75 and Refer to CPT	X		
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	0.43 and Refer to CPT	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	Harvard Valued - Utilization Over 30,000	High Volume Growth
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	0.37 and Refer to CPT	X		
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	0.43 and Refer to CPT	X		
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	Survey for January 2017	X		
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	Survey for January 2017	X		
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	Survey for January 2017	X		
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	New PE inputs and Refer to CPT	X		
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	Survey for January 2017	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**Harvard Valued - Utilization Over 30,000**	**High Volume Growth**
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	Survey for January 2017	X		
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	New PE inputs and Refer to CPT	X		
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;	1.46; CPT Assistant article published	X		
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	1.75	X		
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	2.00	X		
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	0.01	X		
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	New PE inputs			X

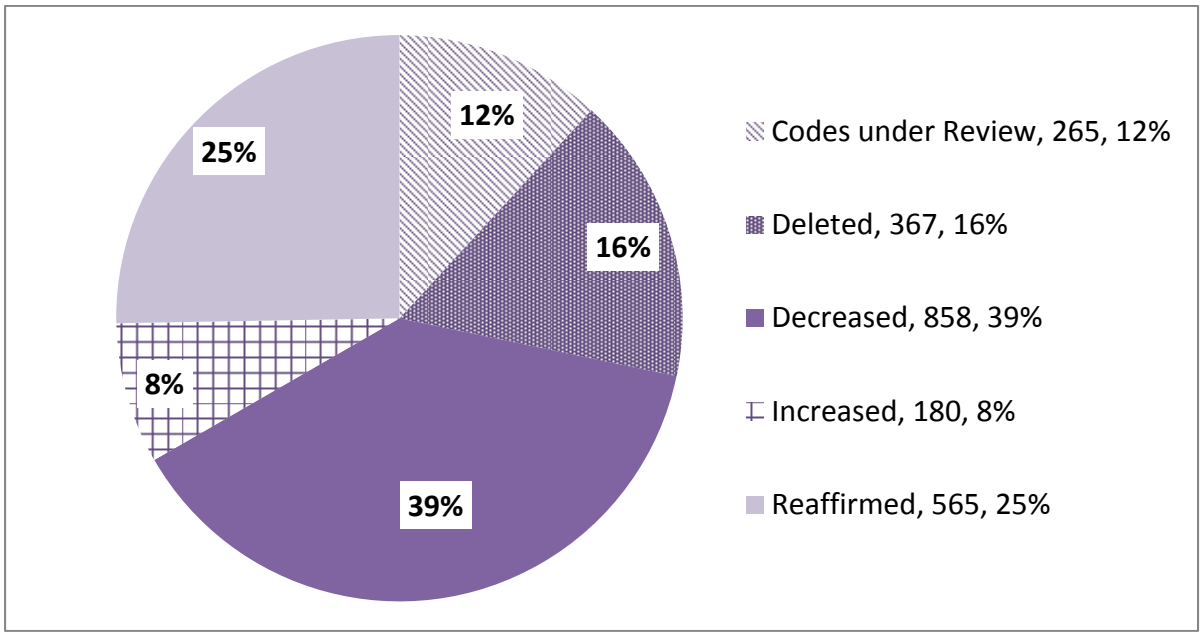
RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**Harvard Valued - Utilization Over 30,000**	**High Volume Growth**
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	0.70 and Refer to CPT			X

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,235 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 2,200 potentially misvalued services accounting for $43 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,225 services, redistributing over $4 billion. Here are the outcomes for the committee's review of 2,235 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 528 services. In September 2010, the re-review cycle began and since then the RUC has recommended 35 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 216 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 14 codes. The RUC completed review of services under this initial screen.

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 services were referred to CPT and will be reviewed by the RUC for the 2018 Medicare Physician Payment Schedule.

In 2016, the RUC identified one site of service anomaly CPT code which will be reviewed by the RUC for the 2019 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 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 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 four 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 recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted eight codes and the RUC submitted recommendations for 41 services for the 2015-2018 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 26 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 two services to the CPT Editorial Panel for revisions and recommended the review of seven services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted three codes and the RUC submitted recommendations for six services for the 2017 and 2018 Medicare Physician Payment Schedules. The RUC will review the remaining seven services for the 2019 Medicare Physician Payment Schedule.

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

CMS Fastest Growing

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

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

High IWPUT

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

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

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

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

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

Medicare Allowed Charges >$10 million
In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > $10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately $1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 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, removed nine services and submitted 31 recommendations to CMS for the 2015-2018 Medicare Physician Payment Schedules. The RUC will review one service for the 2019 Medicare Physician Payment Schedule.

Utilization over 100,000
In October 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more, which resulted in 27 services and was expanded to 39 services to include the family of services. The RUC will review these services for the 2019 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 four services and expect review two services after additional utilization data is available.

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 149 total codes under review, the CPT® Editorial Panel deleted 49 services and is scheduled to review one code in the 2019 cycle. The RUC has submitted 100 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 74 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC will submit 48 code recommendations for the 2017-2018 Medicare Physician Payment Schedules.

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. The RUC submitted 123 recommendations to CMS for the 2013-2018 Medicare Physician Payment Schedules will review utilization data for two services after additional data is available.

In the Final Rule for 2016, CMS requested that the RUC review a list of 103 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 208 services to include additional codes as part of the family. The CPT Editorial Panel deleted 23 codes and will review 18 codes for the 2019 cycle. The RUC submitted 118 recommendations to CMS for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining services for 2018-2019 cycles.

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 11 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 CPT Editorial Panel deleted one code. The RUC submitted recommendations for nine services for the 2017-2018 Medicare Physician Payment Schedules. 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 46 services to include additional codes as part of this family. The CPT Editorial Panel deleted 14 services. The RUC will submit 32 recommendations for the 2016-2018 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 39 services to include an additional code as part of the family. The CPT Editorial Panel deleted 3 services. The RUC submitted 29 recommendations for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining seven services for the 2019 Medicare Physician Payment Schedule.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,235**
Codes Completed	**1,970**
Work and PE Maintained	565
Work Increased	180
Work Decreased	706
Direct Practice Expense Revised (beyond work changes)	152
Deleted from CPT®	367
Codes Under Review	**265**
Referred to CPT® Editorial Panel	36
RUC to Review January 2017 or April 2017	181
RUC future review after additional data obtained	48

**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 2009-2016 have resulted in over $4 billion for redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2015 Medicare Utilization:** 63,007

2007 Work RVU: 0.00 **2016 Work RVU:** 7.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

00740 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum** **Global:** XXX **Issue:** Anesthesia for Intestingal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 11 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2015 Medicare Utilization:** 1,326,567

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

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

00731 **Global:** **Issue:** Anesthesia for Intestingal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

00732 **Global:** **Issue:** Anesthesia for Intestingal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2016 **Tab** 11 **Specialty Developing Recommendation:** ASA

First Identified: July 2015 **2015 Medicare Utilization:** 1,725,355

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

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

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

00811

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

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

First Identified: September 2016 **2015 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:

Referred to CPT September 2016 **Result:**

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

00812

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

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

First Identified: September 2016 **2015 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:

Referred to CPT September 2016 **Result:**

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

00813

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

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

First Identified: September 2016 **2015 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:

Referred to CPT September 2016 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2015 Medicare Utilization:** 25,416

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

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

01936 **Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2015 Medicare Utilization:** 221,465

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

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2015 Medicare Utilization:** 25,520

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

Status Report: CMS Requests and Relativity Assessment Issues

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, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2015 Medicare Utilization:** 193,092

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

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

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2015 Medicare Utilization:** 7,660

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

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

Global: 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2015 Medicare Utilization:** 34,263

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

RUC Recommendation: 0.91 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 430,665

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

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2015 Medicare Utilization:** 165,338

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

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2015 Medicare Utilization:** 43,746

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2015 Medicare Utilization:** 11,766

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2015 Medicare Utilization:**

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2015 Medicare Utilization:**

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2015 Medicare Utilization:** 1,628,800

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

RUC Recommendation: 1.12 **Referred to CPT** October 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2015 Medicare Utilization:** 284,026

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

RUC Recommendation: 3.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2015 Medicare Utilization:** 69,570

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

RUC Recommendation: 4.56 **Referred to CPT** October 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2015 Medicare Utilization:** 328,984

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

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2015 Medicare Utilization:** 147,965

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

RUC Recommendation: 1.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2015 Medicare Utilization:** 38,797

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

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2015 Medicare Utilization:** 901,858

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA

First Identified: October 2010 **2015 Medicare Utilization:** 1,968,630

RUC Recommendation: 0.50

Referred to CPT

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA

First Identified: November 2011 **2015 Medicare Utilization:** 376,621

RUC Recommendation: Maintain

Referred to CPT

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

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

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

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

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

First Identified: October 2010 **2015 Medicare Utilization:** 3,310,682

RUC Recommendation: Refer to CPT

Referred to CPT February 2017

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

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

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 **2015 Medicare Utilization:** 1,420,827

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

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 89,868

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

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 182,180

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

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 112,222

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

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 16,240

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 107,808

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

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 96,155

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

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 52,092

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

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 13,683

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

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 78,215

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

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 103,767

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012 **2015 Medicare Utilization:** 50,993

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

RUC Recommendation: 1.80

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

Result: Increase

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

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

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

First Identified: January 2012 **2015 Medicare Utilization:** 6,234

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

RUC Recommendation: 2.00

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

Result: Increase

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

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

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

First Identified: October 2010 **2015 Medicare Utilization:** 1,120,146

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

RUC Recommendation: 0.17

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

Result: Maintain

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

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

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

First Identified: **2015 Medicare Utilization:** 2,116,591

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

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2010 **2015 Medicare Utilization:** 7,490,871

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

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

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

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

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

First Identified: July 2015 **2015 Medicare Utilization:** 458,019

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

RUC Recommendation: 1.10

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

Result: Maintain

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

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

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

First Identified: January 2014 **2015 Medicare Utilization:** 209,006

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

RUC Recommendation: 1.99

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

Result: Decrease

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

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

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

First Identified: January 2014 **2015 Medicare Utilization:** 1,524

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

RUC Recommendation: Deleted from CPT

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

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

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

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

First Identified: October 2009 **2015 Medicare Utilization:** 206,372

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

RUC Recommendation: 0.52

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

Result: Maintain

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

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

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

First Identified: February 2010 **2015 Medicare Utilization:** 62,067

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

RUC Recommendation: 0.80

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

Result: Maintain

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

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

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

First Identified: April 2013 **2015 Medicare Utilization:** 31,316

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

RUC Recommendation: 1.10

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

Result: Decrease

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

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

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

First Identified: June 2008 **2015 Medicare Utilization:** 12,617

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

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: February 2008 **2015 Medicare Utilization:** 3,854

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

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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

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

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

First Identified: June 2008 **2015 Medicare Utilization:** 2,650

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

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: October 2009 **2015 Medicare Utilization:** 188,177

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

RUC Recommendation: 0.84

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

Result: Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: October 2009 **2015 Medicare Utilization:** 146,724

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

RUC Recommendation: 1.14

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2015 Medicare Utilization:** 23,248

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

RUC Recommendation: 1.44 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2015 Medicare Utilization:** 6,414

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

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2015 Medicare Utilization:** 1,282

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

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2015 Medicare Utilization:** 576

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

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2015 Medicare Utilization:** 90,621

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

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2015 Medicare Utilization:** 52,083

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

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2015 Medicare Utilization:** 6,917

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

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2015 Medicare Utilization:** 3,434

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

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2015 Medicare Utilization:** 537

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

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2015 Medicare Utilization:** 85

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

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2015 Medicare Utilization:** 29

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

RUC Recommendation: 3.61 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 57,943

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

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2015 Medicare Utilization:** 236,533

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

RUC Recommendation: 2.52 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 22,986

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

RUC Recommendation: 2.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 4,593

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

RUC Recommendation: 3.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 1,067

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

RUC Recommendation: 4.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 555

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

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 19,192

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

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 47,872

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

RUC Recommendation: 2.79 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 2,092

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

RUC Recommendation: 3.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 368

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

RUC Recommendation: 3.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 86

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

RUC Recommendation: 4.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 42

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

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 57,192

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

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 76,846

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 9,157

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

RUC Recommendation: 3.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 2,706

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 373

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

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 65

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

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 32

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2015 Medicare Utilization:** 5,460

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: 3.23 and CPT Assistant article published

Referred to CPT
Result: Decrease
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 **2015 Medicare Utilization:** 150,352

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

RUC Recommendation: 4.00 and CPT Assistant article published

Referred to CPT
Result: Decrease
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 **2015 Medicare Utilization:** 23,275

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

RUC Recommendation: 1.44 and CPT Assistant article published

Referred to CPT
Result: Maintain
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 **2015 Medicare Utilization:** 37,090

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

RUC Recommendation: 3.73

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2015 Medicare Utilization:** 249,793

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2015 Medicare Utilization:** 14,747

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

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2015 Medicare Utilization:**

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

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2015 Medicare Utilization:** 33,199

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

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2015 Medicare Utilization:** 50,842

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

RUC Recommendation: 5.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2015 Medicare Utilization:** 1,105

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

RUC Recommendation: 2.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2015 Medicare Utilization:** 8,483

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

RUC Recommendation: 6.19 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

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

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

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

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

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

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

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

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14300 **Deleted from CPT**

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS

First Identified: September 2007 **2015 Medicare Utilization:** 30,812

2007 Work RVU: **2016 Work RVU:** 12.65

2007 NF PE RVU: **2016 NF PE RVU:** 16.12

2007 Fac PE RVU: **2016 Fac PE RVU:** 10.81

RUC Recommendation: 12.47

Referred to CPT February 2009

Result: Decrease

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

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS

First Identified: September 2007 **2015 Medicare Utilization:** 31,604

2007 Work RVU: **2016 Work RVU:** 3.73

2007 NF PE RVU: **2016 NF PE RVU:** 2.05

2007 Fac PE RVU: **2016 Fac PE RVU:** 2.05

RUC Recommendation: 3.73

Referred to CPT February 2009

Result: Decrease

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

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

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

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

First Identified: January 2014 **2015 Medicare Utilization:** 19,494

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

2007 NF PE RVU: 4.12 **2016 NF PE RVU:** 5.67

2007 Fac PE RVU: 1.65 **2016 Fac PE RVU:** 2.29

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

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

Referred to CPT

Result: Maintain

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

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

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

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

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

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

Referred to CPT

Result: Maintain

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

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

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

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

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

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 9,103

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

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2015 Medicare Utilization:** 13,353

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

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

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2015 Medicare Utilization:** 73,563

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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
Result: Decrease

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 **2015 Medicare Utilization:** 8,940

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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
Result: Decrease

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 **2015 Medicare Utilization:** 4,375

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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
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 **2015 Medicare Utilization:** 25,500

2007 Work RVU: **2016 Work RVU:** 0.80
2007 NF PE RVU: **2016 NF PE RVU:** 1.07
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.36

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2015 Medicare Utilization:** 85,407

2007 Work RVU: **2016 Work RVU:** 1.83
2007 NF PE RVU: **2016 NF PE RVU:** 2.22
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2015 Medicare Utilization:** 4,702

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.17

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2015 Medicare Utilization:** 1,335

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.85

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2015 Medicare Utilization:** 2,798

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.24
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.46

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15320 **Deleted from CPT**

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

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

2007 Work RVU: 5.36 **2016 Work RVU:**
2007 NF PE RVU: 3.66 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.49 **2016 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2007 Work RVU: 1.50 **2016 Work RVU:**
2007 NF PE RVU: 0.69 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:**

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

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

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

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 3.18 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.15 **2016 Fac PE RVU:**

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

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

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

2007 Work RVU: 1.00 **2016 Work RVU:**
2007 NF PE RVU: 0.46 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.39 **2016 Fac PE RVU:**

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

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

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

2007 Work RVU: 4.50 **2016 Work RVU:**
2007 NF PE RVU: 3.46 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.35 **2016 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT** **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 1.43 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.55 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15360 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 3.93 **2016 Work RVU:**
2007 NF PE RVU: 4.47 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.13 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15361 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 1.15 **2016 Work RVU:**
2007 NF PE RVU: 0.58 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.44 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15365 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

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

2007 Work RVU: 4.21 **2016 Work RVU:**
2007 NF PE RVU: 4.5 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.2 **2016 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

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

2007 Work RVU: 1.45 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT**

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

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

2007 Work RVU: 4.38 **2016 Work RVU:**
2007 NF PE RVU: 4.25 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.95 **2016 Fac PE RVU:**

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

15401 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

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

2007 Work RVU: 1.00 **2016 Work RVU:**
2007 NF PE RVU: 1.67 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.42 **2016 Fac PE RVU:**

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

15420 **Deleted from CPT**

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

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

2007 Work RVU: 4.89 **2016 Work RVU:**
2007 NF PE RVU: 4.86 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.83 **2016 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

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

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

2007 Work RVU: 1.50 **2016 Work RVU:**
2007 NF PE RVU: 1.29 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

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 **2015 Medicare Utilization:** 435

2007 Work RVU: 10.00 **2016 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2016 NF PE RVU:** 14.21
2007 Fac PE RVU: 6.71 **2016 Fac PE RVU:** 9.28

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 **2015 Medicare Utilization:** 661

2007 Work RVU: 9.94 **2016 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2016 NF PE RVU:** 13.63
2007 Fac PE RVU: 6.53 **2016 Fac PE RVU:** 9.77

RUC Recommendation: 9.94 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 **2015 Medicare Utilization:** 1,900

2007 Work RVU: 10.52 **2016 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2016 NF PE RVU:** 13.76
2007 Fac PE RVU: 7.6 **2016 Fac PE RVU:** 9.77

RUC Recommendation: 10.52 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 **2015 Medicare Utilization:** 4,141

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

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

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 2,115

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

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

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

Global: 090 **Issue:** Muscle 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 **2015 Medicare Utilization:** 11,728

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

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:**

First Identified: October 2015 **2015 Medicare Utilization:** 22,960

2007 Work RVU: 19.62 **2016 Work RVU:** 19.86

2007 NF PE RVU: 17.58 **2016 NF PE RVU:** 19.48

2007 Fac PE RVU: 12.32 **2016 Fac PE RVU:** 14.41

RUC Recommendation: 23.00

Referred to CPT September 2016

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

Result: Increase

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASSH, ASPS

First Identified: January 2016 **2015 Medicare Utilization:** 1,456

2007 Work RVU: 16.92 **2016 Work RVU:** 17.04

2007 NF PE RVU: 17.17 **2016 NF PE RVU:** 17.94

2007 Fac PE RVU: 10.96 **2016 Fac PE RVU:** 12.93

RUC Recommendation: 17.04

Referred to CPT September 2016

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

Result: Maintain

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS

First Identified: January 2016 **2015 Medicare Utilization:** 6,032

2007 Work RVU: 18.92 **2016 Work RVU:** 19.04

2007 NF PE RVU: 17.04 **2016 NF PE RVU:** 17.85

2007 Fac PE RVU: 11.45 **2016 Fac PE RVU:** 13.15

RUC Recommendation: 19.04

Referred to CPT September 2016

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

Result: Maintain

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 **2015 Medicare Utilization:** 2,151

RUC Recommendation: 11.57

Referred to CPT February 2009 & February 2012

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

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

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 **2015 Medicare Utilization:** 8,133

RUC Recommendation: 3.65

Referred to CPT February 2011

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

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

Result: Decrease

157X1

Global: **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** No

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

First Identified: January 2017 **2015 Medicare Utilization:**

RUC Recommendation:

Referred to CPT

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

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

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

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

157X2 **Global:** **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid** **Global:** 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2015 Medicare Utilization:** 93,488

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

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)** **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2015 Medicare Utilization:** 15,799

2007 Work RVU: 0.80 **2016 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: 0.58 **2016 Fac PE RVU:** 0.75

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2015 Medicare Utilization:** 1,944

2007 Work RVU: 1.85 **2016 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: 0.94 **2016 Fac PE RVU:** 1.21

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2015 Medicare Utilization:** 941

2007 Work RVU: 2.08 **2016 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2016 NF PE RVU:** 2.87
2007 Fac PE RVU: 1.08 **2016 Fac PE RVU:** 1.44

RUC Recommendation: CPT Assistant article published.

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

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2015 Medicare Utilization:** 5,496,398

2007 Work RVU: 0.62 **2016 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2016 NF PE RVU:** 1.19
2007 Fac PE RVU: 0.59 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 0.61

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

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2015 Medicare Utilization:** 17,583,694

2007 Work RVU: 0.07 **2016 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2016 NF PE RVU:** 0.11
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.04

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

Status Report: CMS Requests and Relativity Assessment Issues

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2015 Medicare Utilization:** 832,176

2007 Work RVU: 1.82 **2016 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2016 NF PE RVU:** 2.69
2007 Fac PE RVU: 1.54 **2016 Fac PE RVU:** 1.29

RUC Recommendation: 1.37 **Referred to CPT** **Result:** Decrease

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

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2015 Medicare Utilization:** 3,087

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 **Referred to CPT** **Result:** Decrease

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

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2015 Medicare Utilization:** 998

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 **Referred to CPT** **Result:** Decrease

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

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2015 Medicare Utilization:** 3,472

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 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 1,966,434

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

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

Result: Remove from Screen

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013 **2015 Medicare Utilization:** 99,295

2007 Work RVU: 0.94 **2016 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2016 NF PE RVU:** 2.62
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 1.36

RUC Recommendation: Remove from screen

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

Result: Remove from screen

17250 **Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)**

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

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

First Identified: October 2015 **2015 Medicare Utilization:** 150,342

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.68
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.49

RUC Recommendation: CPT Assistant article published

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2015 Medicare Utilization:** 133,422

2007 Work RVU: 1.19 **2016 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2016 NF PE RVU:** 2.67
2007 Fac PE RVU: 0.9 **2016 Fac PE RVU:** 1.23

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2015 Medicare Utilization:** 258,189

2007 Work RVU: 1.60 **2016 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2016 NF PE RVU:** 3.09
2007 Fac PE RVU: 1.09 **2016 Fac PE RVU:** 1.48

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2015 Medicare Utilization:** 54,566

2007 Work RVU: 1.51 **2016 Work RVU:** 1.54
2007 NF PE RVU: 2 **2016 NF PE RVU:** 2.86
2007 Fac PE RVU: 1.05 **2016 Fac PE RVU:** 1.42

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2015 Medicare Utilization:** 83,313

2007 Work RVU: 1.79 **2016 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2016 NF PE RVU:** 3.19
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:** 1.60

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2015 Medicare Utilization:** 106,094

2007 Work RVU: 1.74 **2016 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2016 NF PE RVU:** 3.01
2007 Fac PE RVU: 1.16 **2016 Fac PE RVU:** 1.56

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2015 Medicare Utilization:** 101,337

2007 Work RVU: 2.06 **2016 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2016 NF PE RVU:** 3.40
2007 Fac PE RVU: 1.31 **2016 Fac PE RVU:** 1.76

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 673,840

2007 Work RVU: 6.20 **2016 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2016 NF PE RVU:** 11.64
2007 Fac PE RVU: 3.16 **2016 Fac PE RVU:** 3.78

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2015 Medicare Utilization:** 468,194

2007 Work RVU: 3.30 **2016 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2016 NF PE RVU:** 7.22
2007 Fac PE RVU: 1.68 **2016 Fac PE RVU:** 2.02

RUC Recommendation: 3.30 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2015 Medicare Utilization:** 100,013

2007 Work RVU: 5.56 **2016 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2016 NF PE RVU:** 11.16
2007 Fac PE RVU: 2.83 **2016 Fac PE RVU:** 3.39

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012 **2015 Medicare Utilization:** 47,937

2007 Work RVU: 3.06 **2016 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2016 NF PE RVU:** 7.06
2007 Fac PE RVU: 1.55 **2016 Fac PE RVU:** 1.87

RUC Recommendation: 3.06

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

Result: Maintain

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

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

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

First Identified: January 2012 **2015 Medicare Utilization:** 20,066

2007 Work RVU: 0.87 **2016 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.27
2007 Fac PE RVU: 0.44 **2016 Fac PE RVU:** 0.53

RUC Recommendation: 0.87

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

Result: Maintain

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

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

First Identified: September 2007 **2015 Medicare Utilization:** 1,975

2007 Work RVU: 3.74 **2016 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2016 NF PE RVU:** 8.75
2007 Fac PE RVU: 2.76 **2016 Fac PE RVU:** 4.08

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 57,294

2007 Work RVU: **2016 Work RVU:** 3.29
2007 NF PE RVU: **2016 NF PE RVU:** 15.99
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.21

RUC Recommendation: 3.29 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 3,971

2007 Work RVU: **2016 Work RVU:** 1.65
2007 NF PE RVU: **2016 NF PE RVU:** 14.41
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.61

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 108,026

2007 Work RVU: **2016 Work RVU:** 3.10
2007 NF PE RVU: **2016 NF PE RVU:** 15.58
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.15

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 12,570

2007 Work RVU: **2016 Work RVU:** 1.55
2007 NF PE RVU: **2016 NF PE RVU:** 13.91
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.57

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 4,402

2007 Work RVU: **2016 Work RVU:** 3.64
2007 NF PE RVU: **2016 NF PE RVU:** 25.17
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.35

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 839

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 21.14
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.68

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: 2.00 **2016 Work RVU:**
2007 NF PE RVU: 3.68 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.69 **2016 Work RVU:**
2007 NF PE RVU: 11.01 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 30,874

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.60
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 2,623

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 3.65
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 3,766

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 5.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 399

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.64
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 19,515

2007 Work RVU: **2016 Work RVU:** 1.70
2007 NF PE RVU: **2016 NF PE RVU:** 12.72
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.63

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 1,371

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

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:** 295

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 79

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

19290 **Preoperative placement of needle localization wire, breast;**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 1.27 **2016 Work RVU:**
2007 NF PE RVU: 2.81 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.41 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.63 **2016 Work RVU:**
2007 NF PE RVU: 1.17 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 2.57 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.02 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 23,928

2007 Work RVU: 15.67 **2016 Work RVU:** 15.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.52 **2016 Fac PE RVU:** 9.53

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19318 **Reduction mammaplasty**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 7,795

2007 Work RVU: 15.91 **2016 Work RVU:** 16.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.94 **2016 Fac PE RVU:** 13.20

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2015 Medicare Utilization:** 4,078

2007 Work RVU: 6.32 **2016 Work RVU:** 13.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.07 **2016 Fac PE RVU:** 12.71

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2015 Medicare Utilization:** 7,696

2007 Work RVU: 20.57 **2016 Work RVU:** 18.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.69 **2016 Fac PE RVU:** 21.97

RUC Recommendation: 18.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:**

2007 Work RVU: 2.14 **2016 Work RVU:**
2007 NF PE RVU: 2.71 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.68 **2016 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 4,154

2007 Work RVU: 3.55 **2016 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2016 NF PE RVU:** 4.69
2007 Fac PE RVU: 2.2 **2016 Fac PE RVU:** 2.57

RUC Recommendation: 3.55 **Referred to CPT** June 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2015 Medicare Utilization:** 3,438

2007 Work RVU: 3.25 **2016 Work RVU:** 2.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.44 **2016 Fac PE RVU:** 1.48

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

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

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2015 Medicare Utilization:** 3,566

2007 Work RVU: 8.77 **2016 Work RVU:** 8.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.38 **2016 Fac PE RVU:** 4.42

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,989

2007 Work RVU: 3.51 **2016 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2016 NF PE RVU:** 9.59
2007 Fac PE RVU: 2.52 **2016 Fac PE RVU:** 3.00

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

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2015 Medicare Utilization:** 821,791

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.84
2007 Fac PE RVU: 0.25 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2015 Medicare Utilization:** 175,530

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 0.89
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.39

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

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2015 Medicare Utilization:** 350,494

2007 Work RVU: 0.66 **2016 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.84
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2015 Medicare Utilization:** 295,258

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance** **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2015 Medicare Utilization:** 415,732

2007 Work RVU: 0.66 **2016 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.29

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting** **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2015 Medicare Utilization:** 28,691

2007 Work RVU: **2016 Work RVU:** 0.89
2007 NF PE RVU: **2016 NF PE RVU:** 1.07
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2015 Medicare Utilization:** 487,357

2007 Work RVU: 0.68 **2016 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2016 NF PE RVU:** 0.67
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2015 Medicare Utilization:** 42,981

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.16
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2015 Medicare Utilization:** 6,395,140

2007 Work RVU: 0.79 **2016 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: 0.42 **2016 Fac PE RVU:** 0.42

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2015 Medicare Utilization:** 854,794

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 1.10
2007 NF PE RVU: **2016 NF PE RVU:** 1.35
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.51
Result: Decrease

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2015 Medicare Utilization:** 55,637

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.90 **2016 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2016 NF PE RVU:** 10.76
2007 Fac PE RVU: 3.82 **2016 Fac PE RVU:** 5.24
Result: Maintain

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 2,645

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

2007 Work RVU: 6.40 **2016 Work RVU:** 16.27
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.65 **2016 Fac PE RVU:** 13.18
Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 5,798

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

2007 Work RVU: 4.20 **2016 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2016 NF PE RVU:** 7.08
2007 Fac PE RVU: 3.92 **2016 Fac PE RVU:** 4.64
Result: PE Only

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 **2015 Medicare Utilization:** 3,721

2007 Work RVU: 5.77 **2016 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2016 NF PE RVU:** 8.42
2007 Fac PE RVU: 5.5 **2016 Fac PE RVU:** 1.95

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

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

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

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

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

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

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

2007 Work RVU: 5.70 **2016 Work RVU:** 5.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.67 **2016 Fac PE RVU:** 5.44

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2007 Work RVU: 11.07 **2016 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2016 NF PE RVU:** 14.24
2007 Fac PE RVU: 9.21 **2016 Fac PE RVU:** 10.25

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

21495 **Open treatment of hyoid fracture** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

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

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

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 707

2007 Work RVU: 8.91 **2016 Work RVU:** 14.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.13 **2016 Fac PE RVU:** 10.06

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21800 **Closed treatment of rib fracture, uncomplicated, each** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 80

2007 Work RVU: 2.80 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.28 **2016 Fac PE RVU:**

RUC Recommendation: Referred to CPT for deletion **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: 6.92 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.03 **2016 Fac PE RVU:**

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

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 270

2007 Work RVU: **2016 Work RVU:** 10.79
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.44

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

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 236

2007 Work RVU: **2016 Work RVU:** 13.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 5.23

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

Status Report: CMS Requests and Relativity Assessment Issues

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2015 Medicare Utilization:** 26

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

Result: Decrease

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 **2015 Medicare Utilization:** 268

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
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

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 **2015 Medicare Utilization:** 852

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

Result: Remove from screen

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 **2015 Medicare Utilization:** 392

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

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

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 **2015 Medicare Utilization:** 4,021

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

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

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 **2015 Medicare Utilization:** 2,515

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 5,157

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** 41.19
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.94

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 5,282

2007 Work RVU: **2016 Work RVU:** 7.58
2007 NF PE RVU: **2016 NF PE RVU:** 41.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.76

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 3,006

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 23.35
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.50

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 22,354

2007 Work RVU: **2016 Work RVU:** 8.90
2007 NF PE RVU: **2016 NF PE RVU:** 198.81
2007 Fac PE RVU: **2016 Fac PE RVU:** 5.01

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 24,380

2007 Work RVU: **2016 Work RVU:** 8.24
2007 NF PE RVU: **2016 NF PE RVU:** 199.38
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.75

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:** 13,446

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 121.92
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2015 Medicare Utilization:**

2007 Work RVU: 9.17 **2016 Work RVU:**
2007 NF PE RVU: 56.83 **2016 NF PE RVU:**
2007 Fac PE RVU: 4.84 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2015 Medicare Utilization:**

2007 Work RVU: 8.60 **2016 Work RVU:**
2007 NF PE RVU: 52.87 **2016 NF PE RVU:**
2007 Fac PE RVU: 4.69 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 4.30 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.59 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2015 Medicare Utilization:** 1,177

2007 Work RVU: 24.61 **2016 Work RVU:** 24.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.57 **2016 Fac PE RVU:** 17.43

RUC Recommendation: Remove from screen. CPT Assistant article published.

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, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2015 Medicare Utilization:** 36,614

2007 Work RVU: **2016 Work RVU:** 25.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 16.94

RUC Recommendation: 24.50

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

Result: Decrease

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2015 Medicare Utilization:** 31,313

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.12

RUC Recommendation: 6.50

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 **2015 Medicare Utilization:** 5,701

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

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

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2015 Medicare Utilization:** 14,967

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

RUC Recommendation: Review action plan. Refer to CPT to bundle **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2015 Medicare Utilization:** 15,403

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2015 Medicare Utilization:** 43,886

2007 Work RVU: 23.38 **2016 Work RVU:** 23.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.83 **2016 Fac PE RVU:** 16.32

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

Referred to CPT October 2010

Result: Maintain

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

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2015 Medicare Utilization:** 116,423

2007 Work RVU: 6.43 **2016 Work RVU:** 6.43
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.15 **2016 Fac PE RVU:** 3.13

RUC Recommendation: 6.43

Referred to CPT

Result: Decrease

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2015 Medicare Utilization:** 6,655

2007 Work RVU: 21.89 **2016 Work RVU:** 22.09
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.39 **2016 Fac PE RVU:** 16.40

RUC Recommendation: 22.09

Referred to CPT October 2010

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2015 Medicare Utilization:** 2,195

2007 Work RVU: 5.22 **2016 Work RVU:** 5.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.51 **2016 Fac PE RVU:** 2.51

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2015 Medicare Utilization:** 33,341

2007 Work RVU: **2016 Work RVU:** 27.75
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 18.21

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2015 Medicare Utilization:** 12,635

2007 Work RVU: **2016 Work RVU:** 8.16
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.96

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2015 Medicare Utilization:** 6,566

2007 Work RVU: 13.44 **2016 Work RVU:** 13.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.28 **2016 Fac PE RVU:** 6.59

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

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2015 Medicare Utilization:** 4,417

2007 Work RVU: 19.08 **2016 Work RVU:** 19.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.39 **2016 Fac PE RVU:** 13.31

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2015 Medicare Utilization:** 127,893

2007 Work RVU: 6.70 **2016 Work RVU:** 6.70
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.18 **2016 Fac PE RVU:** 3.23

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2015 Medicare Utilization:**

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

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

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

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2015 Medicare Utilization:**

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

RUC Recommendation: 4.88 **Referred to CPT** **Result:** Decrease

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

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2015 Medicare Utilization:**

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

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm** **Global:** 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 821

2007 Work RVU: 6.14 **2016 Work RVU:** 8.32
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.3 **2016 Fac PE RVU:** 6.09

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm** **Global:** 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 696

2007 Work RVU: 7.77 **2016 Work RVU:** 7.41
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.5 **2016 Fac PE RVU:** 6.54

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial** **Global:** 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 8,801

2007 Work RVU: 7.23 **2016 Work RVU:** 7.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.22 **2016 Fac PE RVU:** 7.96

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release** **Global:** 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 3,043

2007 Work RVU: 7.63 **2016 Work RVU:** 7.77
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.88 **2016 Fac PE RVU:** 8.22

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

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2015 Medicare Utilization:** 36,628

2007 Work RVU: 1.00 **2016 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2016 NF PE RVU:** 2.61
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

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

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,666

2007 Work RVU: 8.43 **2016 Work RVU:** 8.54
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.69 **2016 Fac PE RVU:** 7.80

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

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

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 4,150

2007 Work RVU: 12.63 **2016 Work RVU:** 11.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.02 **2016 Fac PE RVU:** 10.07

RUC Recommendation: 11.23 **Referred to CPT** **Result:** Decrease

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

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

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 16,369

2007 Work RVU: 13.55 **2016 Work RVU:** 11.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.49 **2016 Fac PE RVU:** 10.32

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 741

2007 Work RVU: 10.09 **2016 Work RVU:** 9.23
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.65 **2016 Fac PE RVU:** 8.98

RUC Recommendation: 9.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 4,594

2007 Work RVU: 14.75 **2016 Work RVU:** 13.54
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.59 **2016 Fac PE RVU:** 11.75

RUC Recommendation: 13.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 15,339

2007 Work RVU: 10.05 **2016 Work RVU:** 10.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.78 **2016 Fac PE RVU:** 9.36

RUC Recommendation: 10.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,683

2007 Work RVU: 10.53 **2016 Work RVU:** 10.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.91 **2016 Fac PE RVU:** 9.08

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

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2015 Medicare Utilization:** 43,911

2007 Work RVU: 22.47 **2016 Work RVU:** 22.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.89 **2016 Fac PE RVU:** 15.76

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

23540 **Closed treatment of acromioclavicular dislocation; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 478

2007 Work RVU: 2.28 **2016 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2016 NF PE RVU:** 3.71
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:** 3.82

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation** **Global:** 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2015 Medicare Utilization:** 35,713

2007 Work RVU: 3.00 **2016 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2016 NF PE RVU:** 5.80
2007 Fac PE RVU: 3.58 **2016 Fac PE RVU:** 5.27

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

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 207

2007 Work RVU: 3.99 **2016 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2016 NF PE RVU:** 6.01
2007 Fac PE RVU: 4.19 **2016 Fac PE RVU:** 5.27

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 14,886

2007 Work RVU: 3.44 **2016 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2016 NF PE RVU:** 4.84
2007 Fac PE RVU: 2.77 **2016 Fac PE RVU:** 4.11

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

23655 **Closed treatment of shoulder dislocation, with manipulation; 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 **2015 Medicare Utilization:** 2,748

2007 Work RVU: 4.64 **2016 Work RVU:** 4.76
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.17 **2016 Fac PE RVU:** 5.86

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 623

2007 Work RVU: 4.54 **2016 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2016 NF PE RVU:** 6.66
2007 Fac PE RVU: 4.61 **2016 Fac PE RVU:** 5.84

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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 **2015 Medicare Utilization:** 888

2007 Work RVU: 5.25 **2016 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2016 NF PE RVU:** 7.90
2007 Fac PE RVU: 5.27 **2016 Fac PE RVU:** 6.57

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

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 **2015 Medicare Utilization:** 1,427

2007 Work RVU: 4.28 **2016 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2016 NF PE RVU:** 5.33
2007 Fac PE RVU: 3.45 **2016 Fac PE RVU:** 4.48

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

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 **2015 Medicare Utilization:** 469

2007 Work RVU: 5.50 **2016 Work RVU:** 5.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.26 **2016 Fac PE RVU:** 6.77

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

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 **2015 Medicare Utilization:** 998

2007 Work RVU: 7.38 **2016 Work RVU:** 7.56
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.13 **2016 Fac PE RVU:** 8.41

RUC Recommendation: 7.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

25210 **Carpectomy; 1 bone**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,205

2007 Work RVU: 6.01 **2016 Work RVU:** 6.12
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.49 **2016 Fac PE RVU:** 6.89

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
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 **2015 Medicare Utilization:** 1,003

2007 Work RVU: 7.89 **2016 Work RVU:** 8.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.3 **2016 Fac PE RVU:** 8.67

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
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 RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2015 Medicare Utilization:** 1,340

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

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

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

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

First Identified: September 2007 **2015 Medicare Utilization:** 7,258

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

RUC Recommendation: 7.94

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

Result: Decrease

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

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

First Identified: October 2015 **2015 Medicare Utilization:** 713

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:** Nov 2016

Result: PE Only

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 **2015 Medicare Utilization:** 20,794

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

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

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 **2015 Medicare Utilization:** 3,469

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

Result: Maintain

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2015 Medicare Utilization:** 8,960

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

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2015 Medicare Utilization:** 7,018

2007 Work RVU: 10.86 **2016 Work RVU:** 11.07
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.88 **2016 Fac PE RVU:** 10.59

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

Referred to CPT

Result: Maintain

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

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2015 Medicare Utilization:** 15,026

2007 Work RVU: 14.12 **2016 Work RVU:** 14.38
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.77 **2016 Fac PE RVU:** 13.13

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

Referred to CPT

Result: Maintain

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

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

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 338

2007 Work RVU: 4.75 **2016 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2016 NF PE RVU:** 6.75
2007 Fac PE RVU: 4.53 **2016 Fac PE RVU:** 5.68

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Status Report: CMS Requests and Relativity Assessment Issues

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,737

2007 Work RVU: 4.36 **2016 Work RVU:** 4.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.73 **2016 Fac PE RVU:** 5.96

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT**

Result: Maintain

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

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2015 Medicare Utilization:** 1,197

2007 Work RVU: 10.22 **2016 Work RVU:** 9.56
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.22 **2016 Fac PE RVU:** 13.66

RUC Recommendation: 10.03 **Referred to CPT**

Result: Decrease

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

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2015 Medicare Utilization:** 86

2007 Work RVU: 8.65 **2016 Work RVU:** 10.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.29 **2016 Fac PE RVU:** 12.06

RUC Recommendation: 11.50 **Referred to CPT**

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2015 Medicare Utilization:** 45

2007 Work RVU: 9.22 **2016 Work RVU:** 12.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.19 **2016 Fac PE RVU:** 12.85

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2015 Medicare Utilization:** 8,152

2007 Work RVU: 6.76 **2016 Work RVU:** 6.90
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.68 **2016 Fac PE RVU:** 13.33

RUC Recommendation: 6.76 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 584

2007 Work RVU: 3.74 **2016 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2016 NF PE RVU:** 4.78
2007 Fac PE RVU: 2.89 **2016 Fac PE RVU:** 4.23

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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 **2015 Medicare Utilization:** 7,455

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:** Nov 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 **2015 Medicare Utilization:** 542

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:** Nov 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 **2015 Medicare Utilization:** 5,735

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:** Nov 2016

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm** **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 412

2007 Work RVU: 6.44 **2016 Work RVU:** 8.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.76 **2016 Fac PE RVU:** 6.78

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,529

2007 Work RVU: 5.66 **2016 Work RVU:** 5.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.05 **2016 Fac PE RVU:** 6.23

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2015 Medicare Utilization:** 412,988

2007 Work RVU: 1.40 **2016 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2016 NF PE RVU:** 3.01
2007 Fac PE RVU: 0.33 **2016 Fac PE RVU:** 0.83

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2015 Medicare Utilization:** 142,184

2007 Work RVU: 21.61 **2016 Work RVU:** 20.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.96 **2016 Fac PE RVU:** 14.48

RUC Recommendation: 21.79 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2015 Medicare Utilization:** 10,996

2007 Work RVU: 30.13 **2016 Work RVU:** 30.28
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.08 **2016 Fac PE RVU:** 19.31

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

Referred to CPT

Result: Maintain

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

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2015 Medicare Utilization:** 19,820

2007 Work RVU: 5.98 **2016 Work RVU:** 6.09
2007 NF PE RVU: 4.98 **2016 NF PE RVU:** 6.26
2007 Fac PE RVU: 4.98 **2016 Fac PE RVU:** 6.45

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

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

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 **2015 Medicare Utilization:** 259

2007 Work RVU: 10.08 **2016 Work RVU:** 10.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.4 **2016 Fac PE RVU:** 8.14

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

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 **2015 Medicare Utilization:**

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

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 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 **2015 Medicare Utilization:**

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

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 1,990

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** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Status Report: CMS Requests and Relativity Assessment Issues

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 242

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:** Nov 2016

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 **2015 Medicare Utilization:** 60,826

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:**

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 **2015 Medicare Utilization:** 338

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:** Nov 2016

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 IWPUT **Complete?** Yes

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

First Identified: April 2008

2015 Medicare Utilization: 11,988

2007 Work RVU: 17.08 **2016 Work RVU:** 18.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.91 **2016 Fac PE RVU:** 13.81

RUC Recommendation: 18.00

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

Result: Increase

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

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

First Identified: February 2008

2015 Medicare Utilization: 80,360

2007 Work RVU: 21.09 **2016 Work RVU:** 18.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.19 **2016 Fac PE RVU:** 13.81

RUC Recommendation: 18.00

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

Result: Decrease

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

2015 Medicare Utilization: 3,362

2007 Work RVU: 7.21 **2016 Work RVU:** 3.82
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.54 **2016 Fac PE RVU:** 0.79

RUC Recommendation: 3.82

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

Result: Decrease

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

2015 Medicare Utilization: 1,030

2007 Work RVU: 10.92 **2016 Work RVU:** 11.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.21 **2016 Fac PE RVU:** 8.76

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

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

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 7,147

2007 Work RVU: 5.12 **2016 Work RVU:** 5.24
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.59 **2016 Fac PE RVU:** 5.38

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general 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 **2015 Medicare Utilization:** 6,817

2007 Work RVU: 7.67 **2016 Work RVU:** 7.78
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.15 **2016 Fac PE RVU:** 7.41

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)** **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 802

2007 Work RVU: 4.95 **2016 Work RVU:** 5.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.1 **2016 Fac PE RVU:** 5.25

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

Status Report: CMS Requests and Relativity Assessment Issues

27370 **Injection of contrast for knee arthrography**

Global: 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 12 **Specialty Developing Recommendation:** AAPMR, ACR **First Identified:** February 2008 **2015 Medicare Utilization:** 133,059

2007 Work RVU: 0.96 **2016 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2016 NF PE RVU:** 3.33
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.39

RUC Recommendation: Refer to CPT **Referred to CPT** CPT 2019 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2015 Medicare Utilization:** 15,734

2007 Work RVU: 16.26 **2016 Work RVU:** 17.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.81 **2016 Fac PE RVU:** 12.64

RUC Recommendation: 17.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2015 Medicare Utilization:** 278,426

2007 Work RVU: 23.04 **2016 Work RVU:** 20.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.14 **2016 Fac PE RVU:** 14.46

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 340

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** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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 **2015 Medicare Utilization:** 368

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** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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 **2015 Medicare Utilization:** 471

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** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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 RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 339

2007 Work RVU: 8.04 **2016 Work RVU:** 8.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.75 **2016 Fac PE RVU:** 8.22

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 398

2007 Work RVU: 12.93 **2016 Work RVU:** 15.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.07 **2016 Fac PE RVU:** 10.72

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

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm** **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 691

2007 Work RVU: 8.47 **2016 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.79 **2016 Fac PE RVU:** 5.52

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia** **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,511

2007 Work RVU: 12.10 **2016 Work RVU:** 12.24
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.79 **2016 Fac PE RVU:** 9.61

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

Status Report: CMS Requests and Relativity Assessment Issues

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2015 Medicare Utilization:** 836

2007 Work RVU: 9.73 **2016 Work RVU:** 9.84
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.96 **2016 Fac PE RVU:** 7.80

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2015 Medicare Utilization:** 2,371

2007 Work RVU: 9.94 **2016 Work RVU:** 9.21
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.22 **2016 Fac PE RVU:** 8.37

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 **Repair, secondary, Achilles tendon, with or without graft**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,301

2007 Work RVU: 10.32 **2016 Work RVU:** 10.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.86 **2016 Fac PE RVU:** 8.36

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 3,599

2007 Work RVU: 6.57 **2016 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2016 NF PE RVU:** 11.46
2007 Fac PE RVU: 5.26 **2016 Fac PE RVU:** 5.76

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

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 **2015 Medicare Utilization:** 5,496

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

RUC Recommendation: Reduce 99238 to 0.5

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

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 **2015 Medicare Utilization:** 1,384

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

RUC Recommendation: 8.96

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

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 **2015 Medicare Utilization:** 3,787

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

RUC Recommendation: 10.28

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

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 **2015 Medicare Utilization:** 1,371

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:** Nov 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 **2015 Medicare Utilization:** 320

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:** Nov 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 **2015 Medicare Utilization:** 7,131

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:**

Result: Maintain

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 **2015 Medicare Utilization:** 2,869

2007 Work RVU: 5.20 **2016 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2016 NF PE RVU:** 7.17
2007 Fac PE RVU: 5.02 **2016 Fac PE RVU:** 5.97

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 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 **2015 Medicare Utilization:** 11,668

2007 Work RVU: 11.10 **2016 Work RVU:** 10.62
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.25 **2016 Fac PE RVU:** 9.62

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

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

Result: Maintain

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2015 Medicare Utilization:** 2,656

2007 Work RVU: 5.57 **2016 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2016 NF PE RVU:** 7.24
2007 Fac PE RVU: 5 **2016 Fac PE RVU:** 5.85

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 649

2007 Work RVU: 6.60 **2016 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2016 NF PE RVU:** 7.67
2007 Fac PE RVU: 5.25 **2016 Fac PE RVU:** 6.23

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

27840 **Closed treatment of ankle 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 **2015 Medicare Utilization:** 2,282

2007 Work RVU: 4.65 **2016 Work RVU:** 4.77
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.73 **2016 Fac PE RVU:** 5.00

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 6,117

2007 Work RVU: 5.78 **2016 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2016 NF PE RVU:** 6.92
2007 Fac PE RVU: 3.74 **2016 Fac PE RVU:** 3.33

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,064

2007 Work RVU: 5.06 **2016 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 8.54
2007 Fac PE RVU: 3.58 **2016 Fac PE RVU:** 3.69

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

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28118 **Ostectomy, calcaneus;**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,493

2007 Work RVU: 6.02 **2016 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2016 NF PE RVU:** 10.26
2007 Fac PE RVU: 4.28 **2016 Fac PE RVU:** 5.01

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

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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 **2015 Medicare Utilization:** 4,882

2007 Work RVU: 5.64 **2016 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2016 NF PE RVU:** 11.20
2007 Fac PE RVU: 4.31 **2016 Fac PE RVU:** 6.01

RUC Recommendation: 8.27 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2015 Medicare Utilization:** 13,004

2007 Work RVU: 7.56 **2016 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2016 NF PE RVU:** 9.87
2007 Fac PE RVU: 5.17 **2016 Fac PE RVU:** 5.24

RUC Recommendation: 7.72 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2015 Medicare Utilization:** 12,315

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

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)** **Global:** 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 78,418

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

RUC Recommendation: 5.62 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without 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:** October 2015 **2015 Medicare Utilization:** 4,284

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

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2015 Medicare Utilization:** 2,086

2007 Work RVU: 5.72 **2016 Work RVU:** 5.83
2007 NF PE RVU: 6.75 **2016 NF PE RVU:** 10.37
2007 Fac PE RVU: 4.55 **2016 Fac PE RVU:** 4.81

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

Status Report: CMS Requests and Relativity Assessment Issues

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal 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:** October 2015 **2015 Medicare Utilization:**

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

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

28292 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method**

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:** October 2015 **2015 Medicare Utilization:** 7,831

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

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

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2015 Medicare Utilization:** 3,397

2007 Work RVU: 11.10 **2016 Work RVU:** 11.48
2007 NF PE RVU: 11.72 **2016 NF PE RVU:** 17.98
2007 Fac PE RVU: 6.34 **2016 Fac PE RVU:** 8.10

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

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:** October 2015 **2015 Medicare Utilization:** 76

2007 Work RVU: 8.63 **2016 Work RVU:** 8.75
2007 NF PE RVU: 7.88 **2016 NF PE RVU:** 12.46
2007 Fac PE RVU: 4.7 **2016 Fac PE RVU:** 6.02

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

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method**

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

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

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

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 **2015 Medicare Utilization:** 13,429

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

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

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

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:** October 2015 **2015 Medicare Utilization:** 1,843

2007 Work RVU: 9.31 **2016 Work RVU:** 9.43
2007 NF PE RVU: 9.34 **2016 NF PE RVU:** 12.97
2007 Fac PE RVU: 6.04 **2016 Fac PE RVU:** 6.27

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

28298 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method**

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 **2015 Medicare Utilization:** 2,568

2007 Work RVU: 8.01 **2016 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2016 NF PE RVU:** 11.90
2007 Fac PE RVU: 4.91 **2016 Fac PE RVU:** 5.61

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

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method**

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: October 2015 **2015 Medicare Utilization:** 4,694

2007 Work RVU: 11.39 **2016 Work RVU:** 11.57
2007 NF PE RVU: 9.24 **2016 NF PE RVU:** 13.26
2007 Fac PE RVU: 6.01 **2016 Fac PE RVU:** 6.85

RUC Recommendation: 9.29

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

Result: Decrease

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

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

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

First Identified: September 2007 **2015 Medicare Utilization:** 2,215

2007 Work RVU: 9.61 **2016 Work RVU:** 9.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.81 **2016 Fac PE RVU:** 7.48

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

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

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

First Identified: September 2007 **2015 Medicare Utilization:** 2,116

2007 Work RVU: 5.48 **2016 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2016 NF PE RVU:** 9.74
2007 Fac PE RVU: 3.53 **2016 Fac PE RVU:** 4.21

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS

First Identified: April 2011 **2015 Medicare Utilization:** 35,781

2007 Work RVU: 1.99 **2016 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2016 NF PE RVU:** 3.97
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:** 3.56

RUC Recommendation: 2.03

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **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 **2015 Medicare Utilization:** 725

2007 Work RVU: 1.25 **2016 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2016 NF PE RVU:** 1.89
2007 Fac PE RVU: 0.79 **2016 Fac PE RVU:** 1.10

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 3,432

2007 Work RVU: 11.97 **2016 Work RVU:** 11.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.93 **2016 Fac PE RVU:** 9.42

RUC Recommendation: 12.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 2,527

2007 Work RVU: 12.21 **2016 Work RVU:** 10.70
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.32 **2016 Fac PE RVU:** 8.86

RUC Recommendation: 12.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 3,314

2007 Work RVU: 9.09 **2016 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2016 NF PE RVU:** 13.85
2007 Fac PE RVU: 6.37 **2016 Fac PE RVU:** 7.37

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

Status Report: CMS Requests and Relativity Assessment Issues

28825 **Amputation, toe; interphalangeal joint** **Global:** 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2015 Medicare Utilization:** 12,727

2007 Work RVU: 3.71 **2016 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2016 NF PE RVU:** 9.60
2007 Fac PE RVU: 3.4 **2016 Fac PE RVU:** 4.67

RUC Recommendation: 6.01 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2015 Medicare Utilization:** 71,689

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.60
2007 Fac PE RVU: 0.68 **2016 Fac PE RVU:** 0.90

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29200 **Strapping; thorax** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2015 Medicare Utilization:** 18,218

2007 Work RVU: 0.65 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.11

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT** **Global:** 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.64 **2016 Work RVU:**
2007 NF PE RVU: 0.69 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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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 **2015 Medicare Utilization:** 28,466

2007 Work RVU: 0.71 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2016 NF PE RVU:** 0.41
2007 Fac PE RVU: 0.37 **2016 Fac PE RVU:** 0.12

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2015 Medicare Utilization:** 7,324

2007 Work RVU: 0.55 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.33 **2016 Fac PE RVU:** 0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2015 Medicare Utilization:** 6,218

2007 Work RVU: 0.51 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2016 NF PE RVU:** 0.41
2007 Fac PE RVU: 0.33 **2016 Fac PE RVU:** 0.15

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **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 **2015 Medicare Utilization:** 37,212

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2016 NF PE RVU:** 1.88
2007 Fac PE RVU: 0.96 **2016 Fac PE RVU:** 1.01

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2015 Medicare Utilization:** 21,637

2007 Work RVU: 0.54 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2016 NF PE RVU:** 0.48
2007 Fac PE RVU: 0.45 **2016 Fac PE RVU:** 0.12

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2015 Medicare Utilization:** 47,196

2007 Work RVU: 0.57 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.11

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2015 Medicare Utilization:** 257,803

2007 Work RVU: 0.51 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2016 NF PE RVU:** 0.32
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2015 Medicare Utilization:** 63,215

2007 Work RVU: 0.47 **2016 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:** 0.06

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 309,898

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

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 152,116

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

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2015 Medicare Utilization:** 5,729

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: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2015 Medicare Utilization:** 379

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

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

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 **2015 Medicare Utilization:** 1,403

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 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 0.54 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion

Referred to CPT February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS

First Identified: NA **2015 Medicare Utilization:** 688

2007 Work RVU: 5.94 **2016 Work RVU:** 6.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.44 **2016 Fac PE RVU:** 6.38

RUC Recommendation: No NF PE inputs

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS

First Identified: October 2008 **2015 Medicare Utilization:** 15,734

2007 Work RVU: 7.49 **2016 Work RVU:** 7.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.43 **2016 Fac PE RVU:** 7.47

RUC Recommendation: Remove from screen

Referred to CPT **Result:** Remove from Screen
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

2015 Medicare Utilization: 27,638

2007 Work RVU: 8.24 **2016 Work RVU:** 8.36

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 6.94 **2016 Fac PE RVU:** 8.09

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

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

Global: 090 **Issue:** RAW

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

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

First Identified: February 2010

2015 Medicare Utilization: 40,108

2007 Work RVU: 8.82 **2016 Work RVU:** 8.98

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 7.3 **2016 Fac PE RVU:** 8.78

RUC Recommendation: 8.82

Referred to CPT

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

Result: Maintain

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

Global: ZZZ **Issue:** RAW

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

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

First Identified: February 2010

2015 Medicare Utilization: 78,234

2007 Work RVU: 9.05 **2016 Work RVU:** 3.00

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 7.21 **2016 Fac PE RVU:** 1.52

RUC Recommendation: 3.00

Referred to CPT

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

Result: Decrease

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 **2015 Medicare Utilization:** 62,185

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 ☐ **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 **2015 Medicare Utilization:** 12,845

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 ☐ **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 **2015 Medicare Utilization:** 153

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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2015 Medicare Utilization:** 109

2007 Work RVU: 5.59 **2016 Work RVU:** 5.68
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.16 **2016 Fac PE RVU:** 6.21
Result: PE Only

RUC Recommendation: No NF PE inputs

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

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2015 Medicare Utilization:** 1,345

2007 Work RVU: 5.11 **2016 Work RVU:** 5.19
2007 NF PE RVU: NA **2016 NF PE RVU:** 10.58
2007 Fac PE RVU: 4.72 **2016 Fac PE RVU:** 5.67
Result: PE Only

RUC Recommendation: New PE non-facility inputs

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

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,382

2007 Work RVU: 14.14 **2016 Work RVU:** 14.30
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2016 Fac PE RVU:** 11.41
Result: Maintain

RUC Recommendation: 14.14

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

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2015 Medicare Utilization:** 1

2007 Work RVU: 5.74 **2016 Work RVU:** 5.88
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.6 **2016 Fac PE RVU:** 6.75
Result: PE Only

RUC Recommendation: No NF PE inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method**

Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 14 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2015 Medicare Utilization:** 36,907

2007 Work RVU: 3.48 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.29 **2016 Fac PE RVU:** 8.55

RUC Recommendation: 3.00

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

Result: Decrease

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2015 Medicare Utilization:** 2,580

2007 Work RVU: 12.20 **2016 Work RVU:** 12.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.58 **2016 Fac PE RVU:** 13.96

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2009 **2015 Medicare Utilization:** 101,557

2007 Work RVU: 1.21 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2016 NF PE RVU:** 1.46
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.10

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

Result: Maintain

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 **2015 Medicare Utilization:** 49,497

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 **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 6,317

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 **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 993

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)** **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2015 Medicare Utilization:** 527,955

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

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2015 Medicare Utilization:** 113,805

2007 Work RVU: 2.98 **2016 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2016 NF PE RVU:** 4.44
2007 Fac PE RVU: 1.72 **2016 Fac PE RVU:** 1.69

RUC Recommendation: 2.60

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

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2015 Medicare Utilization:** 27,954

2007 Work RVU: 3.26 **2016 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2016 NF PE RVU:** 4.27
2007 Fac PE RVU: 1.9 **2016 Fac PE RVU:** 1.75

RUC Recommendation: 2.74

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

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2015 Medicare Utilization:** 1,271

2007 Work RVU: 9.23 **2016 Work RVU:** 9.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.59 **2016 Fac PE RVU:** 7.64

RUC Recommendation: 9.04

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

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2015 Medicare Utilization:** 5,082

2007 Work RVU: 2.61 **2016 Work RVU:** 2.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.59 **2016 Fac PE RVU:** 1.66

RUC Recommendation: 2.61

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31254 **Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2015 Medicare Utilization: 10,745

2007 Work RVU: 4.64 **2016 Work RVU:** 4.64

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.57 **2016 Fac PE RVU:** 2.57

RUC Recommendation:

Referred to CPT September 2016

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

Result:

31255 **Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **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

2015 Medicare Utilization: 30,928

2007 Work RVU: 6.95 **2016 Work RVU:** 6.95

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 3.69 **2016 Fac PE RVU:** 3.61

RUC Recommendation: Refer to CPT to bundle

Referred to CPT September 2016

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

Result:

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2015 Medicare Utilization: 16,055

2007 Work RVU: 3.29 **2016 Work RVU:** 3.29

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 1.92 **2016 Fac PE RVU:** 1.96

RUC Recommendation:

Referred to CPT September 2016

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

Result:

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:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2015 Medicare Utilization: 26,580

2007 Work RVU: 5.45 **2016 Work RVU:** 5.45

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.96 **2016 Fac PE RVU:** 2.93

RUC Recommendation:

Referred to CPT September 2016

Referred to CPT Asst ☐ **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:** Nasal/Sinus Endoscopy **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

2015 Medicare Utilization: 22,249

2007 Work RVU: 8.84 **2016 Work RVU:** 8.84

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 4.58 **2016 Fac PE RVU:** 4.46

RUC Recommendation: Refer to CPT to bundle

Referred to CPT September 2016

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

Result:

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **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

2015 Medicare Utilization: 8,929

2007 Work RVU: 3.91 **2016 Work RVU:** 3.91

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.22 **2016 Fac PE RVU:** 2.24

RUC Recommendation: Refer to CPT to bundle

Referred to CPT September 2016

Referred to CPT Asst ☐ **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:** Nasal/Sinus Endoscopy **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 **2015 Medicare Utilization:** 9,983

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

31296 **Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **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 **2015 Medicare Utilization:** 26,168

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

31297 **Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **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 **2015 Medicare Utilization:** 16,988

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

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure** **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 29 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2015 Medicare Utilization:** 281,205

2007 Work RVU: 2.33 **2016 Work RVU:** 2.33
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.52 **2016 Fac PE RVU:** 0.56

RUC Recommendation: 3.00 and Refer to CPT Assistant **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age** **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 **2015 Medicare Utilization:**

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

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older** **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 **2015 Medicare Utilization:**

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

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age** **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 **2015 Medicare Utilization:**

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

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

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 **2015 Medicare Utilization:**

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

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 5,109

2007 Work RVU: 4.26 **2016 Work RVU:** 4.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** 2.39

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2015 Medicare Utilization:** 632,339

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.82 **2016 NF PE RVU:** 2.02
2007 Fac PE RVU: 0.84 **2016 Fac PE RVU:** 0.96

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2015 Medicare Utilization:** 70,560

RUC Recommendation: 1.94

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

2007 Work RVU: 2.26 **2016 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2016 NF PE RVU:** 3.45
2007 Fac PE RVU: 1.37 **2016 Fac PE RVU:** 1.50
Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

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 **2015 Medicare Utilization:** 32

RUC Recommendation: 14.60

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

2007 Work RVU: 14.46 **2016 Work RVU:** 14.66
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.31 **2016 Fac PE RVU:** 18.38
Result: Decrease

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2015 Medicare Utilization:** 21

RUC Recommendation: Deleted from CPT

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

2007 Work RVU: 22.87 **2016 Work RVU:** 23.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 24.48 **2016 Fac PE RVU:** 27.99
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) of fracture, includes tracheostomy, if performed**

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 **2015 Medicare Utilization:** 20

2007 Work RVU: 20.35 **2016 Work RVU:** 20.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.19 **2016 Fac PE RVU:** 20.00

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

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 **2015 Medicare Utilization:** 16

2007 Work RVU: 15.12 **2016 Work RVU:** 15.27
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.96 **2016 Fac PE RVU:** 11.34

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2015 Medicare Utilization:** 1,170

2007 Work RVU: 14.62 **2016 Work RVU:** 14.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.07 **2016 Fac PE RVU:** 15.66

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

31591 **Laryngoplasty, medialization, unilateral**

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 **2015 Medicare Utilization:**

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

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31592 **Cricotracheal resection**

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 **2015 Medicare Utilization:**

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

RUC Recommendation: 25.00

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

Result: Decrease

31600 **Tracheostomy, planned (separate procedure);**

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 **2015 Medicare Utilization:** 30,973

2007 Work RVU: 7.17 **2016 Work RVU:** 7.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.95 **2016 Fac PE RVU:** 2.97

RUC Recommendation: 5.56

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

Result: Increase

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

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 **2015 Medicare Utilization:** 2

2007 Work RVU: 4.44 **2016 Work RVU:** 4.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.21 **2016 Fac PE RVU:** 2.38

RUC Recommendation: 8.00

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

Result: Increase

31603 **Tracheostomy, emergency procedure; transtracheal**

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 **2015 Medicare Utilization:** 1,091

2007 Work RVU: 4.14 **2016 Work RVU:** 4.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 1.63

RUC Recommendation: 6.00

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015 Medicare Utilization:** 355

2007 Work RVU: 3.57 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.08

RUC Recommendation: 6.45 **Referred to CPT** **Result:** Increase

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

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2015 Medicare Utilization:** 1,782

2007 Work RVU: 9.29 **2016 Work RVU:** 9.38
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.99 **2016 Fac PE RVU:** 9.77

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Increase

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

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 860

2007 Work RVU: 5.92 **2016 Work RVU:** 6.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.92 **2016 Fac PE RVU:** 8.68

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 29,515

2007 Work RVU: 1.40 **2016 Work RVU:**
2007 NF PE RVU: 5.73 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.5 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 65,213

2007 Work RVU: 2.78 **2016 Work RVU:** 2.78
2007 NF PE RVU: 5.55 **2016 NF PE RVU:** 5.57
2007 Fac PE RVU: 1.02 **2016 Fac PE RVU:** 1.07

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 30,323

2007 Work RVU: 2.88 **2016 Work RVU:** 2.88
2007 NF PE RVU: 6.32 **2016 NF PE RVU:** 6.29
2007 Fac PE RVU: 1.02 **2016 Fac PE RVU:** 1.09

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 22,390

2007 Work RVU: 3.36 **2016 Work RVU:** 3.36
2007 NF PE RVU: 5.73 **2016 NF PE RVU:** 7.59
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 1.21

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 2,419

2007 Work RVU: **2016 Work RVU:** 4.16
2007 NF PE RVU: **2016 NF PE RVU:** 21.27
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.47

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 35,060

2007 Work RVU: 3.80 **2016 Work RVU:** 3.80
2007 NF PE RVU: 7.02 **2016 NF PE RVU:** 7.76
2007 Fac PE RVU: 1.26 **2016 Fac PE RVU:** 1.33

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 32,070

2007 Work RVU: 4.09 **2016 Work RVU:** 4.00
2007 NF PE RVU: 13.7 **2016 NF PE RVU:** 9.80
2007 Fac PE RVU: 1.35 **2016 Fac PE RVU:** 1.39

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 3,677

2007 Work RVU: 1.03 **2016 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2016 NF PE RVU:** 1.02
2007 Fac PE RVU: 0.3 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2015 Medicare Utilization:** 11,909

2007 Work RVU: 1.32 **2016 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2016 NF PE RVU:** 1.20
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.40

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2015 Medicare Utilization:** 32,534

2007 Work RVU: 3.16 **2016 Work RVU:** 3.16
2007 NF PE RVU: 5.05 **2016 NF PE RVU:** 5.77
2007 Fac PE RVU: 1.09 **2016 Fac PE RVU:** 1.21

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2015 Medicare Utilization:** 4,352

2007 Work RVU: 2.72 **2016 Work RVU:** 2.72
2007 NF PE RVU: 4.76 **2016 NF PE RVU:** 5.31
2007 Fac PE RVU: 0.97 **2016 Fac PE RVU:** 1.06

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.71
2007 NF PE RVU: **2016 NF PE RVU:** 20.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.61

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.21
2007 NF PE RVU: **2016 NF PE RVU:** 21.62
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 1.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.42

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31XX1

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX2

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX3

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31XX4

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31XX5

Global: **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2015 Medicare Utilization:** 435

2007 Work RVU: 27.17 **2016 Work RVU:** 27.28
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.44 **2016 Fac PE RVU:** 12.04

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

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 **2015 Medicare Utilization:** 7,095

2007 Work RVU: 25.71 **2016 Work RVU:** 25.82
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.63 **2016 Fac PE RVU:** 11.29

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

Referred to CPT

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2015 Medicare Utilization:** 527

2007 Work RVU: 27.28 **2016 Work RVU:** 27.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.48 **2016 Fac PE RVU:** 12.39

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

Referred to CPT

Result: Remove from Screen

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2015 Medicare Utilization:** 29

2007 Work RVU: 25.09 **2016 Work RVU:** 25.24
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.13 **2016 Fac PE RVU:** 11.81

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

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

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2015 Medicare Utilization:** 37,559

2007 Work RVU: **2016 Work RVU:** 3.29
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.10

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2015 Medicare Utilization:** 19,776

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 3.69
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.59

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2015 Medicare Utilization:** 207,440

2007 Work RVU: **2016 Work RVU:** 2.27
2007 NF PE RVU: **2016 NF PE RVU:** 5.76
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.78

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2015 Medicare Utilization:** 3,715

2007 Work RVU: **2016 Work RVU:** 2.50
2007 NF PE RVU: **2016 NF PE RVU:** 12.60
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.83

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2015 Medicare Utilization:** 35,753

2007 Work RVU: **2016 Work RVU:** 3.12
2007 NF PE RVU: **2016 NF PE RVU:** 11.24
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.03

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2015 Medicare Utilization:** 6,942

2007 Work RVU: 24.56 **2016 Work RVU:** 24.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.44 **2016 Fac PE RVU:** 10.50

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

Referred to CPT

Result: Remove from Screen

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

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 18,206

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

RUC Recommendation: 8.05

Referred to CPT February 2011

Result: Maintain

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

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 104,039

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

RUC Recommendation: 8.77

Referred to CPT February 2011

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 998

RUC Recommendation: 5.26

Referred to CPT February 2011

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

2007 Work RVU: 5.51 **2016 Work RVU:** 5.26

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 3.46 **2016 Fac PE RVU:** 3.17

Result: Decrease

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2015 Medicare Utilization:** 2,934

RUC Recommendation: 5.53

Referred to CPT February 2011

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

2007 Work RVU: 6.36 **2016 Work RVU:** 5.53

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 3.87 **2016 Fac PE RVU:** 3.26

Result: Decrease

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 379

RUC Recommendation: 5.80

Referred to CPT February 2011

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

2007 Work RVU: **2016 Work RVU:** 5.80

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.64

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 6,928

RUC Recommendation: 5.50

Referred to CPT February 2011

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

2007 Work RVU: **2016 Work RVU:** 5.50

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.37

Result: Decrease

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 38,986

RUC Recommendation: 5.77

Referred to CPT February 2011

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

2007 Work RVU: **2016 Work RVU:** 5.77

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.47

Result: Decrease

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 4,154

RUC Recommendation: 6.04

Referred to CPT February 2011

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

2007 Work RVU: **2016 Work RVU:** 6.04

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.70

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2015 Medicare Utilization:** 243

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2015 Medicare Utilization:** 193

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

33233 **Removal of permanent pacemaker pulse generator only** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 9,342

RUC Recommendation: 3.39 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 647

RUC Recommendation: 6.06

Referred to CPT February 2011

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

2007 Work RVU: 7.61 **2016 Work RVU:** 6.05

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 4.79 **2016 Fac PE RVU:** 3.49

Result: Decrease

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 7,458

RUC Recommendation: 3.29

Referred to CPT February 2011

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

2007 Work RVU: 3.26 **2016 Work RVU:** 3.29

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.99 **2016 Fac PE RVU:** 2.53

Result: Maintain

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 49,845

RUC Recommendation: 15.17

Referred to CPT February 2011

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

2007 Work RVU: 15.02 **2016 Work RVU:** 15.17

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 8.89 **2016 Fac PE RVU:** 8.14

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 5,047

2007 Work RVU: **2016 Work RVU:** 6.06
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.67

RUC Recommendation: 6.06

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

Result: Decrease

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 10,683

2007 Work RVU: **2016 Work RVU:** 6.33
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.78

RUC Recommendation: 6.33

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

Result: Decrease

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2015 Medicare Utilization:** 17,481

2007 Work RVU: **2016 Work RVU:** 6.60
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.93

RUC Recommendation: 6.60

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2015 Medicare Utilization:** 30,553

2007 Work RVU: 4.70 **2016 Work RVU:** 3.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.1 **2016 Fac PE RVU:** 2.58

RUC Recommendation: 3.50

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

Result: Decrease

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2015 Medicare Utilization:** 7,162

2007 Work RVU: 3.04 **2016 Work RVU:** 3.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.5 **2016 Fac PE RVU:** 2.40

RUC Recommendation: 3.00

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

Result: Decrease

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2015 Medicare Utilization:** 28,246

2007 Work RVU: 41.19 **2016 Work RVU:** 41.32
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.58 **2016 Fac PE RVU:** 15.55

RUC Recommendation: 41.32

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2015 Medicare Utilization:** 8,295

2007 Work RVU: 50.75 **2016 Work RVU:** 50.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.71 **2016 Fac PE RVU:** 19.18

RUC Recommendation: 50.93

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

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2015 Medicare Utilization:** 64,419

2007 Work RVU: 33.64 **2016 Work RVU:** 33.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.55 **2016 Fac PE RVU:** 13.15

RUC Recommendation: 34.98

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

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2015 Medicare Utilization:** 47

2007 Work RVU: **2016 Work RVU:** 30.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.88

RUC Recommendation: CPT Article published July 2016

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2015 Medicare Utilization:** 2

2007 Work RVU: **2016 Work RVU:** 16.18
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.30

RUC Recommendation: CPT Assistant published July 2016 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 35 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 64.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 26.96

RUC Recommendation: CPT Assistant published July 2016 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS **First Identified:** February 2008 **2015 Medicare Utilization:** 1,734

2007 Work RVU: 58.71 **2016 Work RVU:** 58.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 19.01 **2016 Fac PE RVU:** 19.84

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 666

2007 Work RVU: 89.08 **2016 Work RVU:** 89.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 23.74 **2016 Fac PE RVU:** 31.72

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2015 Medicare Utilization:** 321

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.82

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2015 Medicare Utilization:** 796

2007 Work RVU: **2016 Work RVU:** 6.63
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.02

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2015 Medicare Utilization:** 2,018

2007 Work RVU: **2016 Work RVU:** 4.73
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.49

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2015 Medicare Utilization:** 2,217

2007 Work RVU: **2016 Work RVU:** 4.60
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.45

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.76

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2015 Medicare Utilization:** 586

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.51

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.11
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.08

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 294

2007 Work RVU: **2016 Work RVU:** 9.11
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.79

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 246

2007 Work RVU: **2016 Work RVU:** 16.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.84

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.43

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 17

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.32

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.47
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.80

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day** **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2015 Medicare Utilization:**

2007 Work RVU: 19.33 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.09 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2015 Medicare Utilization:**

2007 Work RVU: 10.91 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 12

2007 Work RVU: **2016 Work RVU:** 4.47
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.54

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.53

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 18

2007 Work RVU: **2016 Work RVU:** 9.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.42

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.43

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 188

2007 Work RVU: **2016 Work RVU:** 4.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.39

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 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

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 272

2007 Work RVU: **2016 Work RVU:** 5.46
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.66

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 1

2007 Work RVU: **2016 Work RVU:** 9.89
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.87

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 138

2007 Work RVU: **2016 Work RVU:** 10.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.32

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 39

2007 Work RVU: **2016 Work RVU:** 4.04
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.16

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2015 Medicare Utilization:** 29

2007 Work RVU: **2016 Work RVU:** 15.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.38

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2015 Medicare Utilization:** 10

2007 Work RVU: **2016 Work RVU:** 9.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.11

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2015 Medicare Utilization:** 481

2007 Work RVU: 21.46 **2016 Work RVU:** 21.54
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.72 **2016 Fac PE RVU:** 6.95

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

Status Report: CMS Requests and Relativity Assessment Issues

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)** **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2015 Medicare Utilization:** 10,024

2007 Work RVU: 23.71 **2016 Work RVU:** 23.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.38 **2016 Fac PE RVU:** 7.67

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)** **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2015 Medicare Utilization:** 4,364

2007 Work RVU: 24.74 **2016 Work RVU:** 24.82
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.68 **2016 Fac PE RVU:** 7.64

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

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis** **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2015 Medicare Utilization:** 2,780

2007 Work RVU: 23.71 **2016 Work RVU:** 23.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.37 **2016 Fac PE RVU:** 7.60

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

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 531

2007 Work RVU: 22.59 **2016 Work RVU:** 22.67
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.04 **2016 Fac PE RVU:** 7.24

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

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)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 2

2007 Work RVU: **2016 Work RVU:** 2.06
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.42

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

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2015 Medicare Utilization:** 22,917

2007 Work RVU: 6.74 **2016 Work RVU:** 6.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.1 **2016 Fac PE RVU:** 1.66

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

Status Report: CMS Requests and Relativity Assessment Issues

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: SVS, SIR, STS, AATS
First Identified: January 2017
2015 Medicare Utilization: 199

2007 Work RVU: 9.74 **2016 Work RVU:** 9.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.04 **2016 Fac PE RVU:** 2.53

RUC Recommendation:
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

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:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2014
Tab 52
Specialty Developing Recommendation: SVS, SIR, STS, AATS
First Identified: January 2014
2015 Medicare Utilization: 11,231

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: Deleted from CPT
Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: SVS, SIR, STS, AATS
First Identified: January 2017
2015 Medicare Utilization: 3,209

2007 Work RVU: 4.12 **2016 Work RVU:** 4.12
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.31 **2016 Fac PE RVU:** 1.01

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

34833 **Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 120

2007 Work RVU: 11.98 **2016 Work RVU:** 11.98
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.15 **2016 Fac PE RVU:** 3.23

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34834 **Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral**

Global: 000 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 614

2007 Work RVU: 5.34 **2016 Work RVU:** 5.34
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.04 **2016 Fac PE RVU:** 1.50

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 738

2007 Work RVU: 16.77 **2016 Work RVU:** 16.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.24 **2016 Fac PE RVU:** 5.79

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X01

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X02

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X03

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X04

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X05

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X06

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X07

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X08

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X09

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X10

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X11

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X12

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X13

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X15

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34X19

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34X20

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2015 Medicare Utilization:** 43,823

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** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2015 Medicare Utilization:** 59

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** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2015 Medicare Utilization:** 35

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** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2015 Medicare Utilization:** 502

2007 Work RVU: 9.48 **2016 Work RVU:** 9.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.33 **2016 Fac PE RVU:** 2.85

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 8.62 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35460 **Transluminal balloon angioplasty, open; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2015 Medicare Utilization:** 2,750

2007 Work RVU: 6.03 **2016 Work RVU:** 6.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.15 **2016 Fac PE RVU:** 1.84

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35470 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 8.62 **2016 Work RVU:**
2007 NF PE RVU: 81.78 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.37 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2015 Medicare Utilization:** 2,430

2007 Work RVU: 10.05 **2016 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2016 NF PE RVU:** 60.56
2007 Fac PE RVU: 4.13 **2016 Fac PE RVU:** 3.22

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2015 Medicare Utilization:** 368

2007 Work RVU: 6.90 **2016 Work RVU:** 6.90
2007 NF PE RVU: 60.05 **2016 NF PE RVU:** 44.00
2007 Fac PE RVU: 2.75 **2016 Fac PE RVU:** 2.07

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35473 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 6.03 **2016 Work RVU:**
2007 NF PE RVU: 56.4 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 7.35 **2016 Work RVU:**
2007 NF PE RVU: 80.7 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.9 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2015 Medicare Utilization:** 50,610

2007 Work RVU: 9.48 **2016 Work RVU:** 6.60
2007 NF PE RVU: 53.95 **2016 NF PE RVU:** 36.73
2007 Fac PE RVU: 3.48 **2016 Fac PE RVU:** 2.21

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2015 Medicare Utilization:** 279,654

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 6.64 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.3 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 8.09 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.89 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 10.42 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35495 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 9.48 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh

First Identified: October 2009 **2015 Medicare Utilization:** 2

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 **2015 Medicare Utilization:** 15,142

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 **2015 Medicare Utilization:** 19,244

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

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:**

First Identified: February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 2.01 **2016 Work RVU:**
2007 NF PE RVU: 11.87 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

First Identified: February 2008 **2015 Medicare Utilization:** 341,243

2007 Work RVU: **2016 Work RVU:** 3.72
2007 NF PE RVU: **2016 NF PE RVU:** 19.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.18

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

First Identified: February 2008 **2015 Medicare Utilization:** 66,194

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 6.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement

Screen: Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 47,920

2007 Work RVU: 4.67 **2016 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2016 NF PE RVU:** 26.60
2007 Fac PE RVU: 1.65 **2016 Fac PE RVU:** 1.47

RUC Recommendation: 4.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Decrease

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement

Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 4,779

2007 Work RVU: 5.27 **2016 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2016 NF PE RVU:** 27.86
2007 Fac PE RVU: 1.82 **2016 Fac PE RVU:** 1.75

RUC Recommendation: 5.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement

Screen: Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2015 Medicare Utilization:** 4,943

2007 Work RVU: 6.29 **2016 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2016 NF PE RVU:** 49.59
2007 Fac PE RVU: 2.17 **2016 Fac PE RVU:** 2.10

RUC Recommendation: 6.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 1,371

2007 Work RVU: 1.01 **2016 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2016 NF PE RVU:** 4.28
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.35

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 2,830

2007 Work RVU: **2016 Work RVU:** 4.17
2007 NF PE RVU: **2016 NF PE RVU:** 26.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.25

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 10,564

2007 Work RVU: **2016 Work RVU:** 5.53
2007 NF PE RVU: **2016 NF PE RVU:** 30.70
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.90

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 32,691

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** 36.49
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.13

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 34,358

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** 43.66
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.50

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 11,778

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** 35.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.05

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 30,031

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** 44.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.52

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 9,909

2007 Work RVU: **2016 Work RVU:** 2.09
2007 NF PE RVU: **2016 NF PE RVU:** 4.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.77

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 4,514

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 29.44
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.59

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement

Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2015 Medicare Utilization:** 47,135

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 4.67 **2016 Work RVU:** 4.90
2007 NF PE RVU: 31.17 **2016 NF PE RVU:** 33.24
2007 Fac PE RVU: 1.78 **2016 Fac PE RVU:** 1.62
Result: Decrease

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures

Screen: Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 39,044

RUC Recommendation: 5.27 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.27 **2016 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2016 NF PE RVU:** 19.04
2007 Fac PE RVU: 1.84 **2016 Fac PE RVU:** 1.55
Result: Maintain

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures

Screen: Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 63,041

RUC Recommendation: 7.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.29 **2016 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2016 NF PE RVU:** 37.41
2007 Fac PE RVU: 2.17 **2016 Fac PE RVU:** 1.88
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2015 Medicare Utilization:** 23,661

2007 Work RVU: 1.01 **2016 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2016 NF PE RVU:** 3.22
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2015 Medicare Utilization:** 4,438

2007 Work RVU: **2016 Work RVU:** 5.35
2007 NF PE RVU: **2016 NF PE RVU:** 34.12
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.78

RUC Recommendation: 5.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2015 Medicare Utilization:** 12,105

2007 Work RVU: **2016 Work RVU:** 6.99
2007 NF PE RVU: **2016 NF PE RVU:** 35.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.39

RUC Recommendation: 7.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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:** **2015 Medicare Utilization:** 1,170

2007 Work RVU: **2016 Work RVU:** 7.55
2007 NF PE RVU: **2016 NF PE RVU:** 55.82
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.50

RUC Recommendation: 7.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2015 Medicare Utilization:** 275

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** 52.69
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.76

RUC Recommendation: 8.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2015 Medicare Utilization:** 191,038

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2015 Medicare Utilization:** 105,220

2007 Work RVU: 6.72 **2016 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2016 NF PE RVU:** 37.32
2007 Fac PE RVU: 2.39 **2016 Fac PE RVU:** 1.80

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2015 Medicare Utilization:** 9,126

2007 Work RVU: 3.38 **2016 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2016 NF PE RVU:** 5.28
2007 Fac PE RVU: 1.08 **2016 Fac PE RVU:** 0.76

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2015 Medicare Utilization:** 80,876

2007 Work RVU: 6.72 **2016 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2016 NF PE RVU:** 27.99
2007 Fac PE RVU: 2.41 **2016 Fac PE RVU:** 1.81

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) 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 **2015 Medicare Utilization:** 10,572

2007 Work RVU: 3.38 **2016 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2016 NF PE RVU:** 5.66
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2015 Medicare Utilization:** 753

2007 Work RVU: 6.98 **2016 Work RVU:** 6.98
2007 NF PE RVU: NA **2016 NF PE RVU:** 50.25
2007 Fac PE RVU: 2.46 **2016 Fac PE RVU:** 2.47

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2015 Medicare Utilization:** 253

2007 Work RVU: 1.74 **2016 Work RVU:** 1.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.69 **2016 Fac PE RVU:** 0.83

RUC Recommendation: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2015 Medicare Utilization:** 1,432

2007 Work RVU: 1.74 **2016 Work RVU:** 1.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.71 **2016 Fac PE RVU:** 0.85

RUC Recommendation:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2015 Medicare Utilization:** 344

2007 Work RVU: 1.74 **2016 Work RVU:** 1.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.68 **2016 Fac PE RVU:** 0.82

RUC Recommendation:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2015 Medicare Utilization:** 27,692

2007 Work RVU: 1.74 **2016 Work RVU:** 1.74
2007 NF PE RVU: 15.33 **2016 NF PE RVU:** 13.35
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.76

RUC Recommendation:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2015 Medicare Utilization:** 11

2007 Work RVU: 1.74 **2016 Work RVU:** 1.74
2007 NF PE RVU: 60.92 **2016 NF PE RVU:** 56.40
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 0.56

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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, RPA

First Identified: October 2008 **2015 Medicare Utilization:** 1,792

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2016 NF PE RVU:** 57.47
2007 Fac PE RVU: 0.46 **2016 Fac PE RVU:** 0.49

RUC Recommendation: Refer to CPT

Referred to CPT September 2016 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

36522 **Photopheresis, extracorporeal**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2015 Medicare Utilization:** 9,055

2007 Work RVU: 1.67 **2016 Work RVU:** 1.67
2007 NF PE RVU: 33.02 **2016 NF PE RVU:** 37.94
2007 Fac PE RVU: 0.94 **2016 Fac PE RVU:** 1.14

RUC Recommendation:

Referred to CPT September 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015 **2015 Medicare Utilization:** 35

2007 Work RVU: 2.68 **2016 Work RVU:** 2.68
2007 NF PE RVU: 5.34 **2016 NF PE RVU:** 4.43
2007 Fac PE RVU: 0.76 **2016 Fac PE RVU:** 0.51

RUC Recommendation: 1.93

Referred to CPT **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015 **2015 Medicare Utilization:** 474,535

2007 Work RVU: 2.50 **2016 Work RVU:** 2.50
2007 NF PE RVU: 4.93 **2016 NF PE RVU:** 3.93
2007 Fac PE RVU: 0.7 **2016 Fac PE RVU:** 0.72

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age**

Global: 000 **Issue:** Insertion of PICC Catheter **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2016 **2015 Medicare Utilization:** 11

2007 Work RVU: 1.92 **2016 Work RVU:** 1.92
2007 NF PE RVU: 7.03 **2016 NF PE RVU:** 6.50
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.72

RUC Recommendation: Refer to CPT

Referred to CPT CPT 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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: October 2016 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR

First Identified: July 2015 **2015 Medicare Utilization:** 183,724

2007 Work RVU: 1.82 **2016 Work RVU:** 1.82
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 5.13
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.67

RUC Recommendation: 1.70, Refer to CPT and Review at RAW in October 2021.

Referred to CPT CPT 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access**

Global: 000 **Issue:** Insertion of PICC Catheter **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2015 Medicare Utilization:** 6,970

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 6.16 **2016 NF PE RVU:** 4.51
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.61

RUC Recommendation: Refer to CPT **Referred to CPT** CPT 2019 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2015 Medicare Utilization:** 558,681

2007 Work RVU: 1.15 **2016 Work RVU:** 1.15
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.24

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
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 **2015 Medicare Utilization:** 6,453

2007 Work RVU: 11.81 **2016 Work RVU:** 12.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.73 **2016 Fac PE RVU:** 5.21

RUC Recommendation: 13.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2015 Medicare Utilization:** 9,921

2007 Work RVU: 14.39 **2016 Work RVU:** 13.29
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.08 **2016 Fac PE RVU:** 5.27

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2015 Medicare Utilization:** 2,128

2007 Work RVU: 14.39 **2016 Work RVU:** 13.07
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.11 **2016 Fac PE RVU:** 5.49

RUC Recommendation: 13.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2015 Medicare Utilization:** 33,266

2007 Work RVU: 9.15 **2016 Work RVU:** 11.90
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.49 **2016 Fac PE RVU:** 4.96

RUC Recommendation: 11.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: **2015 Medicare Utilization:**

2007 Work RVU: 5.51 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.23 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2015 Medicare Utilization:** 2,852

2007 Work RVU: 10.00 **2016 Work RVU:** 14.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.87 **2016 Fac PE RVU:** 6.21

RUC Recommendation: 15.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2015 Medicare Utilization:** 22,118

2007 Work RVU: 12.00 **2016 Work RVU:** 12.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.98 **2016 Fac PE RVU:** 4.91

RUC Recommendation: 11.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

First Identified: September 2007 **2015 Medicare Utilization:**

2007 Work RVU: 11.11 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.68 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:** 57,474

2007 Work RVU: 5.17 **2016 Work RVU:** 5.20
2007 NF PE RVU: 49.54 **2016 NF PE RVU:** 46.24
2007 Fac PE RVU: 2.99 **2016 Fac PE RVU:** 2.84

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

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 **2015 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 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

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 **2015 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 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

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 **2015 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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2015 Medicare Utilization:** 845

2007 Work RVU: 7.99 **2016 Work RVU:** 7.99
2007 NF PE RVU: NA **2016 NF PE RVU:** 159.28
2007 Fac PE RVU: 2.89 **2016 Fac PE RVU:** 2.73

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2015 Medicare Utilization:** 44,371

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 ☐ **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:** **2015 Medicare Utilization:** 38

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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 6,161

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 ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 4.99 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 5.02 **2016 Work RVU:**
2007 NF PE RVU: 31.87 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.98 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 18.11 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.75 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 8.27 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.77 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 4.12 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.46 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 8.27 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.98 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 4.12 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.3 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 2.27 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.72 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 10.60 **2016 Work RVU:**
2007 NF PE RVU: 46.03 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.13 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 10,313

2007 Work RVU: **2016 Work RVU:** 8.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.30

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 3,418

2007 Work RVU: **2016 Work RVU:** 7.06
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.04

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 3,221

2007 Work RVU: **2016 Work RVU:** 5.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.49

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 6,429

2007 Work RVU: **2016 Work RVU:** 2.74
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.81

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 11,736

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** 79.95
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.31

RUC Recommendation: 8.15 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 38,024

RUC Recommendation: 10.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 10.00
2007 NF PE RVU: **2016 NF PE RVU:** 120.28
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.87
Result: Decrease

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 3,188

RUC Recommendation: 3.73 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 3.73
2007 NF PE RVU: **2016 NF PE RVU:** 20.69
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.96
Result: Decrease

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 5,312

RUC Recommendation: 4.25 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 68.47
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.15
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 33,151

RUC Recommendation: 9.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 98.14
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.58
Result: Decrease

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 33,667

RUC Recommendation: 12.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 12.00
2007 NF PE RVU: **2016 NF PE RVU:** 298.50
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.58
Result: Decrease

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 29,419

RUC Recommendation: 10.49 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 10.49
2007 NF PE RVU: **2016 NF PE RVU:** 244.68
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.03
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 18,146

RUC Recommendation: 14.50 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 14.50
2007 NF PE RVU: **2016 NF PE RVU:** 405.17
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.23
Result: Decrease

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 27,772

RUC Recommendation: 11.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 11.00
2007 NF PE RVU: **2016 NF PE RVU:** 141.52
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.09
Result: Decrease

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 25,213

RUC Recommendation: 14.05 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 14.05
2007 NF PE RVU: **2016 NF PE RVU:** 291.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.13
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 3,035

RUC Recommendation: 13.80 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 13.80
2007 NF PE RVU: **2016 NF PE RVU:** 219.18
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.11
Result: Decrease

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 1,858

RUC Recommendation: 15.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 15.00
2007 NF PE RVU: **2016 NF PE RVU:** 361.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.49
Result: Decrease

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 9,559

RUC Recommendation: 4.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 29.66
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.12
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 5,562

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** 33.78
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.81

RUC Recommendation: 6.50 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 355

2007 Work RVU: **2016 Work RVU:** 5.50
2007 NF PE RVU: **2016 NF PE RVU:** 103.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.65

RUC Recommendation: 5.50 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 136

2007 Work RVU: **2016 Work RVU:** 7.80
2007 NF PE RVU: **2016 NF PE RVU:** 106.65
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.46

RUC Recommendation: 7.80 **Referred to CPT** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2015 Medicare Utilization:** 14,738

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 106.38
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.72

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2015 Medicare Utilization:** 1,350

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2015 Medicare Utilization:** 37,245

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2015 Medicare Utilization:** 5,065

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 18,520

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 125.54
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.78

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 8,487

2007 Work RVU: **2016 Work RVU:** 10.05
2007 NF PE RVU: **2016 NF PE RVU:** 206.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.11

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 14,091

2007 Work RVU: **2016 Work RVU:** 11.99
2007 NF PE RVU: **2016 NF PE RVU:** 263.45
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.80

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 9,240

2007 Work RVU: **2016 Work RVU:** 14.00
2007 NF PE RVU: **2016 NF PE RVU:** 177.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.45

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2015 Medicare Utilization:** 10,556

2007 Work RVU: 2.10 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.77 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2015 Medicare Utilization:** 12,931

2007 Work RVU: 1.60 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.80
2007 NF PE RVU: **2016 NF PE RVU:** 37.50
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.50

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.44
2007 NF PE RVU: **2016 NF PE RVU:** 4.40
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.39

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2015 Medicare Utilization:** 15,711

2007 Work RVU: 3.02 **2016 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2016 NF PE RVU:** 5.23
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:** 2.35

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** **2015 Medicare Utilization:** 78

2007 Work RVU: **2016 Work RVU:** 30.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 11.04

RUC Recommendation: 37.60 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 11.49 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.52 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2015 Medicare Utilization:** 232

2007 Work RVU: 10.69 **2016 Work RVU:** 10.78
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.14 **2016 Fac PE RVU:** 4.89

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2015 Medicare Utilization:** 545

2007 Work RVU: **2016 Work RVU:** 9.13
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.96

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2015 Medicare Utilization:** 15,563

2007 Work RVU: 7.63 **2016 Work RVU:** 7.71
2007 NF PE RVU: NA **2016 NF PE RVU:** 9.55
2007 Fac PE RVU: 4.36 **2016 Fac PE RVU:** 3.87

RUC Recommendation: Review October 2017. Non-Facility PE Inputs. **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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** 35 **Specialty Developing Recommendation:** ACS

First Identified: February 2008 **2015 Medicare Utilization:** 12,146

2007 Work RVU: 9.58 **2016 Work RVU:** 9.66
2007 NF PE RVU: NA **2016 NF PE RVU:** 10.78
2007 Fac PE RVU: 5.01 **2016 Fac PE RVU:** 4.45

RUC Recommendation: Review October 2017. Non-Facility PE Inputs.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2015 Medicare Utilization:** 1,616

2007 Work RVU: 3.87 **2016 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2016 NF PE RVU:** 5.49
2007 Fac PE RVU: 2.69 **2016 Fac PE RVU:** 2.87

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2015 Medicare Utilization:** 32,285

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

RUC Recommendation: 1.20

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 124,855

2007 Work RVU: 1.37 **2016 Work RVU:** 1.37
2007 NF PE RVU: 3.64 **2016 NF PE RVU:** 3.29
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 0.69

RUC Recommendation: 1.28

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 755

2007 Work RVU: 6.08 **2016 Work RVU:** 7.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.3 **2016 Fac PE RVU:** 5.69

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2015 Medicare Utilization:** 1,941

2007 Work RVU: 9.28 **2016 Work RVU:** 8.49
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.98 **2016 Fac PE RVU:** 4.61

RUC Recommendation: 9.34 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2015 Medicare Utilization:** 12,321

2007 Work RVU: 14.70 **2016 Work RVU:** 12.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.97 **2016 Fac PE RVU:** 5.65

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG

First Identified: January 2014 **2015 Medicare Utilization:** 2,639

2007 Work RVU: 16.86 **2016 Work RVU:** 15.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.86 **2016 Fac PE RVU:** 8.20

RUC Recommendation: 15.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: January 2014 **2015 Medicare Utilization:** 7,551

2007 Work RVU: 8.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.68 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.44
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.35

RUC Recommendation: 5.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 7.25
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.88

RUC Recommendation: 7.50

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

40490 **Biopsy of lip**

Global: 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2015 Medicare Utilization:** 33,255

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 2.30
2007 Fac PE RVU: 0.61 **2016 Fac PE RVU:** 0.73

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

40650 **Repair lip, full thickness; vermilion only**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015 Medicare Utilization:** 317

2007 Work RVU: 3.69 **2016 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2016 NF PE RVU:** 8.43
2007 Fac PE RVU: 3.26 **2016 Fac PE RVU:** 4.35

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 1,276

2007 Work RVU: 1.19 **2016 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2016 NF PE RVU:** 4.80
2007 Fac PE RVU: 1.8 **2016 Fac PE RVU:** 2.45

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 6,195

2007 Work RVU: 2.33 **2016 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2016 NF PE RVU:** 5.72
2007 Fac PE RVU: 2.37 **2016 Fac PE RVU:** 3.08

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 1,130

2007 Work RVU: 1.30 **2016 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2016 NF PE RVU:** 6.24
2007 Fac PE RVU: 2.54 **2016 Fac PE RVU:** 3.53

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 3,087

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** 24.64
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.04

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 896

2007 Work RVU: 9.63 **2016 Work RVU:** 9.78
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.33 **2016 Fac PE RVU:** 9.34

RUC Recommendation: 9.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 5,091

2007 Work RVU: 17.99 **2016 Work RVU:** 17.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.11 **2016 Fac PE RVU:** 11.01

RUC Recommendation: 18.12 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 1,619

2007 Work RVU: 20.87 **2016 Work RVU:** 19.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.46 **2016 Fac PE RVU:** 12.06

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland** **Global:** 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,893

2007 Work RVU: 7.05 **2016 Work RVU:** 6.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.48 **2016 Fac PE RVU:** 4.94

RUC Recommendation: 7.13 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 2,812

2007 Work RVU: **2016 Work RVU:** 2.49
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.63

RUC Recommendation: 2.78 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 144

2007 Work RVU: **2016 Work RVU:** 2.79
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 267

2007 Work RVU: **2016 Work RVU:** 2.79
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.73

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 204

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.52

RUC Recommendation: 3.99 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 393

2007 Work RVU: **2016 Work RVU:** 3.07
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.85

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 341

2007 Work RVU: **2016 Work RVU:** 3.31
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.93

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2015 Medicare Utilization:** 1,858

2007 Work RVU: **2016 Work RVU:** 1.52
2007 NF PE RVU: **2016 NF PE RVU:** 3.66
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.66

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2015 Medicare Utilization:** 302

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 3.91
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.79

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 8,042

2007 Work RVU: 1.59 **2016 Work RVU:** 1.52
2007 NF PE RVU: 3.98 **2016 NF PE RVU:** 6.00
2007 Fac PE RVU: 1.04 **2016 Fac PE RVU:** 0.98

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 339

2007 Work RVU: 2.09 **2016 Work RVU:** 1.82
2007 NF PE RVU: 4.86 **2016 NF PE RVU:** 5.80
2007 Fac PE RVU: 1.12 **2016 Fac PE RVU:** 1.11

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 2,763

2007 Work RVU: 1.89 **2016 Work RVU:** 1.82
2007 NF PE RVU: 5.44 **2016 NF PE RVU:** 8.23
2007 Fac PE RVU: 0.95 **2016 Fac PE RVU:** 1.10
Result: Maintain

RUC Recommendation: 1.89 **Referred to CPT** May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 19

2007 Work RVU: 3.76 **2016 Work RVU:** 2.43
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.63 **2016 Fac PE RVU:** 1.38
Result: Decrease

RUC Recommendation: 2.89 **Referred to CPT** May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 215

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
Result: Decrease

RUC Recommendation: 3.00 **Referred to CPT** May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 65

2007 Work RVU: **2016 Work RVU:** 2.39
2007 NF PE RVU: **2016 NF PE RVU:** 6.67
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.39
Result: Decrease

RUC Recommendation: 2.39 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 144

2007 Work RVU: **2016 Work RVU:** 4.30
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.22

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 644

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 413

2007 Work RVU: **2016 Work RVU:** 4.73
2007 NF PE RVU: **2016 NF PE RVU:** 29.44
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.36

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 189

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.82

RUC Recommendation: 3.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,171

2007 Work RVU: 2.60 **2016 Work RVU:** 2.54
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.98
2007 Fac PE RVU: 1.22 **2016 Fac PE RVU:** 1.37

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 70

2007 Work RVU: 2.40 **2016 Work RVU:** 2.40
2007 NF PE RVU: 1.55 **2016 NF PE RVU:** 9.07
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.38

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 89

2007 Work RVU: 2.90 **2016 Work RVU:** 2.90
2007 NF PE RVU: 6.85 **2016 NF PE RVU:** 9.38
2007 Fac PE RVU: 1.25 **2016 Fac PE RVU:** 1.54

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 2.80 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.4 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 2,097

2007 Work RVU: 2.10 **2016 Work RVU:** 2.10
2007 NF PE RVU: NA **2016 NF PE RVU:** 29.83
2007 Fac PE RVU: 1.01 **2016 Fac PE RVU:** 1.22

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,768

2007 Work RVU: 2.34 **2016 Work RVU:** 2.34
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.14
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.30

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 356

2007 Work RVU: 3.59 **2016 Work RVU:** 2.99
2007 NF PE RVU: NA **2016 NF PE RVU:** 16.37
2007 Fac PE RVU: 1.55 **2016 Fac PE RVU:** 1.61

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 3.76 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 3,689

2007 Work RVU: **2016 Work RVU:** 3.59
2007 NF PE RVU: **2016 NF PE RVU:** 16.46
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.88

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 535

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 477

2007 Work RVU: 4.47 **2016 Work RVU:** 3.69
2007 NF PE RVU: NA **2016 NF PE RVU:** 9.48
2007 Fac PE RVU: 1.96 **2016 Fac PE RVU:** 1.85

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2015 Medicare Utilization:** 1,762

2007 Work RVU: **2016 Work RVU:** 4.17
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.10

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 2.01 **2016 Work RVU:**
2007 NF PE RVU: 5.23 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.91 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2015 Medicare Utilization:** 353,722

2007 Work RVU: 2.39 **2016 Work RVU:** 2.19
2007 NF PE RVU: 5.19 **2016 NF PE RVU:** 6.36
2007 Fac PE RVU: 1.11 **2016 Fac PE RVU:** 1.27

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2015 Medicare Utilization:** 15,556

2007 Work RVU: 2.92 **2016 Work RVU:** 2.49
2007 NF PE RVU: 6.47 **2016 NF PE RVU:** 8.19
2007 Fac PE RVU: 1.33 **2016 Fac PE RVU:** 1.41

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 9,387

2007 Work RVU: 3.98 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.74 **2016 Fac PE RVU:** 1.88

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 7,665

2007 Work RVU: 5.02 **2016 Work RVU:** 4.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.11 **2016 Fac PE RVU:** 2.19

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2015 Medicare Utilization:** 1,393,193

2007 Work RVU: 2.87 **2016 Work RVU:** 2.49
2007 NF PE RVU: 5.79 **2016 NF PE RVU:** 8.47
2007 Fac PE RVU: 1.29 **2016 Fac PE RVU:** 1.40

RUC Recommendation: 2.56 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 567

2007 Work RVU: 6.85 **2016 Work RVU:** 7.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.82 **2016 Fac PE RVU:** 3.50

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 3,630

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 **2015 Medicare Utilization:** 25,689

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 1,394

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:**

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 **2015 Medicare Utilization:** 19,722

2007 Work RVU: 5.04 **2016 Work RVU:** 4.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.14 **2016 Fac PE RVU:** 2.31

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 14,492

2007 Work RVU: 3.18 **2016 Work RVU:** 3.18
2007 NF PE RVU: NA **2016 NF PE RVU:** 13.79
2007 Fac PE RVU: 1.39 **2016 Fac PE RVU:** 1.66

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 94,189

2007 Work RVU: 4.32 **2016 Work RVU:** 3.66
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.8 **2016 Fac PE RVU:** 1.82

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 28,025

2007 Work RVU: 3.38 **2016 Work RVU:** 3.21
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.17
2007 Fac PE RVU: 1.48 **2016 Fac PE RVU:** 1.71

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 102,824

2007 Work RVU: 3.15 **2016 Work RVU:** 3.01
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.21
2007 Fac PE RVU: 1.43 **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 100,132

2007 Work RVU: 2.90 **2016 Work RVU:** 2.77
2007 NF PE RVU: NA **2016 NF PE RVU:** 27.38
2007 Fac PE RVU: 1.32 **2016 Fac PE RVU:** 1.53

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 4,772

2007 Work RVU: 3.20 **2016 Work RVU:** 3.07
2007 NF PE RVU: NA **2016 NF PE RVU:** 9.42
2007 Fac PE RVU: 1.4 **2016 Fac PE RVU:** 1.61

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 28,832

2007 Work RVU: 3.69 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** 10.14
2007 Fac PE RVU: 1.6 **2016 Fac PE RVU:** 1.88

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2015 Medicare Utilization:** 1,411

2007 Work RVU: **2016 Work RVU:** 4.83
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.44

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2015 Medicare Utilization:** 3,601

2007 Work RVU: **2016 Work RVU:** 4.97
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.49

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 56,198

2007 Work RVU: 4.81 **2016 Work RVU:** 3.66
2007 NF PE RVU: NA **2016 NF PE RVU:** 16.61
2007 Fac PE RVU: 2.05 **2016 Fac PE RVU:** 1.93

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 4.34 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.85 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 283

2007 Work RVU: 5.50 **2016 Work RVU:** 4.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.16 **2016 Fac PE RVU:** 2.19

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 4.54 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.94 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2015 Medicare Utilization:** 35,362

2007 Work RVU: 5.19 **2016 Work RVU:** 4.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.17 **2016 Fac PE RVU:** 2.15

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 7,002

2007 Work RVU: 5.95 **2016 Work RVU:** 5.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.49 **2016 Fac PE RVU:** 2.93

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 7,679

2007 Work RVU: 6.26 **2016 Work RVU:** 6.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.61 **2016 Fac PE RVU:** 3.07

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 33,549

2007 Work RVU: 7.38 **2016 Work RVU:** 6.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:** 3.22

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 262

2007 Work RVU: 7.28 **2016 Work RVU:** 6.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.02 **2016 Fac PE RVU:** 3.23

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2015 Medicare Utilization:** 48,042

2007 Work RVU: 8.89 **2016 Work RVU:** 6.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.61 **2016 Fac PE RVU:** 3.28

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 2,672

2007 Work RVU: 10.00 **2016 Work RVU:** 8.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.03 **2016 Fac PE RVU:** 3.85

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2015 Medicare Utilization:** 4,783

2007 Work RVU: **2016 Work RVU:** 4.17
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.05

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2015 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.15 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 8.20 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.35 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2015 Medicare Utilization:** 17,999

2007 Work RVU: **2016 Work RVU:** 4.26
2007 NF PE RVU: **2016 NF PE RVU:** 16.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.19

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.05 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 5,935

2007 Work RVU: **2016 Work RVU:** 2.24
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.99

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 38,845

2007 Work RVU: **2016 Work RVU:** 8.58
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.10

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 12,128

2007 Work RVU: **2016 Work RVU:** 6.96
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.38

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 12,214

2007 Work RVU: **2016 Work RVU:** 8.94
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.25

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 6,156

2007 Work RVU: **2016 Work RVU:** 7.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.40

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 461

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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2015 Medicare Utilization:** 69,072

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 ☐ **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 **2015 Medicare Utilization:** 2,321

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 ☐ **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 **2015 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 ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 3.06 **2016 Work RVU:**
2007 NF PE RVU: 6.72 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.37 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)** **Global:** 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2015 Medicare Utilization:** 10,915

2007 Work RVU: 27.63 **2016 Work RVU:** 27.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.6 **2016 Fac PE RVU:** 14.18

RUC Recommendation: 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2015 Medicare Utilization:** 10,733

2007 Work RVU: 22.86 **2016 Work RVU:** 22.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.6 **2016 Fac PE RVU:** 11.02

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2015 Medicare Utilization:** 8,411

2007 Work RVU: 31.79 **2016 Work RVU:** 31.92
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.17 **2016 Fac PE RVU:** 14.44

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 2,483

2007 Work RVU: 1.05 **2016 Work RVU:** 0.97
2007 NF PE RVU: NA **2016 NF PE RVU:** 5.16
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:** 0.71

RUC Recommendation: 0.97

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.48
2007 NF PE RVU: **2016 NF PE RVU:** 26.70
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.94

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 1,507

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: NA **2016 NF PE RVU:** 7.65
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.86

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 2.94 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.36 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.95
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.29

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,367

2007 Work RVU: 1.82 **2016 Work RVU:** 1.30
2007 NF PE RVU: 3.73 **2016 NF PE RVU:** 5.43
2007 Fac PE RVU: 0.79 **2016 Fac PE RVU:** 0.76

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,310

2007 Work RVU: 2.12 **2016 Work RVU:** 1.60
2007 NF PE RVU: 6.66 **2016 NF PE RVU:** 7.90
2007 Fac PE RVU: 0.93 **2016 Fac PE RVU:** 0.94

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 5,136

2007 Work RVU: 2.82 **2016 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2016 NF PE RVU:** 6.77
2007 Fac PE RVU: 1.21 **2016 Fac PE RVU:** 1.48

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44389 **Colonoscopy through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 2,343

2007 Work RVU: 3.13 **2016 Work RVU:** 3.12
2007 NF PE RVU: 6.73 **2016 NF PE RVU:** 9.09
2007 Fac PE RVU: 1.35 **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44390 **Colonoscopy through stoma; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 33

2007 Work RVU: 3.82 **2016 Work RVU:** 3.84
2007 NF PE RVU: 7.32 **2016 NF PE RVU:** 8.30
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 2.01

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44391 **Colonoscopy through stoma; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 197

2007 Work RVU: 4.31 **2016 Work RVU:** 4.22
2007 NF PE RVU: 8.78 **2016 NF PE RVU:** 17.01
2007 Fac PE RVU: 1.83 **2016 Fac PE RVU:** 2.15

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 521

2007 Work RVU: 3.81 **2016 Work RVU:** 3.63
2007 NF PE RVU: 6.78 **2016 NF PE RVU:** 7.71
2007 Fac PE RVU: 1.55 **2016 Fac PE RVU:** 1.80

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 4.83 **2016 Work RVU:**
2007 NF PE RVU: 7.14 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.91 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:** 1,595

2007 Work RVU: 4.42 **2016 Work RVU:** 4.13
2007 NF PE RVU: 7.97 **2016 NF PE RVU:** 8.67
2007 Fac PE RVU: 1.81 **2016 Fac PE RVU:** 2.06

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 4.70 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.44
2007 NF PE RVU: **2016 NF PE RVU:** 87.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.17

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.80
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.36

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.60
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.64

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.12
2007 NF PE RVU: **2016 NF PE RVU:** 8.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.62

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.33
2007 NF PE RVU: **2016 NF PE RVU:** 13.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.71

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.20
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.07

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.06
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.42

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.24
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.09

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 25.61 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008 **2015 Medicare Utilization:** 20,589

2007 Work RVU: 9.35 **2016 Work RVU:** 9.45
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.11 **2016 Fac PE RVU:** 5.73

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2015 Medicare Utilization:**

2007 Work RVU: 12.48 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.28 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 2,712

2007 Work RVU: **2016 Work RVU:** 8.13
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.62

RUC Recommendation: 8.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2015 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

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2015 Medicare Utilization:** 57,851

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** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 36,907

2007 Work RVU: 1.15 **2016 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2016 NF PE RVU:** 5.99
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 320

2007 Work RVU: 1.79 **2016 Work RVU:** 1.86
2007 NF PE RVU: 5.15 **2016 NF PE RVU:** 6.69
2007 Fac PE RVU: 0.86 **2016 Fac PE RVU:** 1.11

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,233

2007 Work RVU: 1.79 **2016 Work RVU:** 1.65
2007 NF PE RVU: 5.06 **2016 NF PE RVU:** 8.01
2007 Fac PE RVU: 0.85 **2016 Fac PE RVU:** 1.01

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 3,237

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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 3,184

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 ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,332

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 ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 5,047

2007 Work RVU: 2.34 **2016 Work RVU:** 2.15
2007 NF PE RVU: 5.37 **2016 NF PE RVU:** 6.77
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:** 1.24

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 3.14 **2016 Work RVU:**
2007 NF PE RVU: 4.03 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.38 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 1,364

2007 Work RVU: 1.89 **2016 Work RVU:** 1.35
2007 NF PE RVU: 7.18 **2016 NF PE RVU:** 12.37
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 0.89

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2015 Medicare Utilization:** 3,360

2007 Work RVU: 2.60 **2016 Work RVU:** 2.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 1.29

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2015 Medicare Utilization:** 421

2007 Work RVU: 4.05 **2016 Work RVU:** 3.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.71 **2016 Fac PE RVU:** 1.68

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 2.92 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.26 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2015 Medicare Utilization:** 1

2007 Work RVU: **2016 Work RVU:** 2.91
2007 NF PE RVU: **2016 NF PE RVU:** 85.33
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.55

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2015 Medicare Utilization:** 1

2007 Work RVU: **2016 Work RVU:** 2.82
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.49

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.62
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.83

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.78
2007 NF PE RVU: **2016 NF PE RVU:** 14.54
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.06

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2015 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 ☐ **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 **2015 Medicare Utilization:** 461,645

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 ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 932

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:**

Status Report: CMS Requests and Relativity Assessment Issues

45380 **Colonoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2015 Medicare Utilization:** 963,491

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:**

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 **2015 Medicare Utilization:** 76,334

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

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 **2015 Medicare Utilization:** 23,810

2007 Work RVU: 5.68 **2016 Work RVU:** 4.76
2007 NF PE RVU: 10.04 **2016 NF PE RVU:** 17.17
2007 Fac PE RVU: 2.37 **2016 Fac PE RVU:** 2.40

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 5.86 **2016 Work RVU:**
2007 NF PE RVU: 8.08 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.34 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 121,535

2007 Work RVU: 4.69 **2016 Work RVU:** 4.17
2007 NF PE RVU: 6.9 **2016 NF PE RVU:** 9.83
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:** 2.07

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2015 Medicare Utilization:** 781,487

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 2,264

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2015 Medicare Utilization:** 1

2007 Work RVU: **2016 Work RVU:** 4.98
2007 NF PE RVU: **2016 NF PE RVU:** 87.40
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.42

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.34
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.60

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.14
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.87

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 884

2007 Work RVU: 5.09 **2016 Work RVU:** 4.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.13 **2016 Fac PE RVU:** 2.38

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 123

2007 Work RVU: 6.54 **2016 Work RVU:** 5.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.65 **2016 Fac PE RVU:** 2.76

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.78
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.12

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.30
2007 NF PE RVU: **2016 NF PE RVU:** 15.86
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.11

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed**

Global: 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2015 Medicare Utilization:** 1,188

2007 Work RVU: 3.48 **2016 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2016 NF PE RVU:** 8.46
2007 Fac PE RVU: 3.08 **2016 Fac PE RVU:** 5.10

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS (colon)

First Identified: January 2014 **2015 Medicare Utilization:** 12,303

2007 Work RVU: 1.64 **2016 Work RVU:** 1.42
2007 NF PE RVU: 2.48 **2016 NF PE RVU:** 3.89
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:** 1.90

RUC Recommendation: 1.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.69 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2015 Medicare Utilization:** 1,323

2007 Work RVU: 83.29 **2016 Work RVU:** 90.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 30.59 **2016 Fac PE RVU:** 44.39

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2015 Medicare Utilization:** 1

2007 Work RVU: 70.39 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 26.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2015 Medicare Utilization:** 2,344

2007 Work RVU: 15.19 **2016 Work RVU:** 15.22
2007 NF PE RVU: NA **2016 NF PE RVU:** 125.61
2007 Fac PE RVU: 5.83 **2016 Fac PE RVU:** 5.74

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2015 Medicare Utilization:** 10,182

RUC Recommendation: 4.76

Referred to CPT June 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 4,210

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 15,146

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.76 **2016 Work RVU:**

2007 NF PE RVU: NA **2016 NF PE RVU:**

2007 Fac PE RVU: 0.24 **2016 Fac PE RVU:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 2,026

2007 Work RVU: 7.94 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.76 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 4,855

2007 Work RVU: 10.74 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.87 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008 **2015 Medicare Utilization:** 12,834

2007 Work RVU: 5.55 **2016 Work RVU:**
2007 NF PE RVU: 14.8 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.67 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47530 **Revision and/or reinsertion of transhepatic tube**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2015 Medicare Utilization:** 192

2007 Work RVU: 5.96 **2016 Work RVU:**

2007 NF PE RVU: 32.56 **2016 NF PE RVU:**

2007 Fac PE RVU: 3.53 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.80

2007 NF PE RVU: **2016 NF PE RVU:** 8.59

2007 Fac PE RVU: **2016 Fac PE RVU:** 0.81

RUC Recommendation: 1.30

Referred to CPT February 2015

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.25

2007 NF PE RVU: **2016 NF PE RVU:** 18.54

2007 Fac PE RVU: **2016 Fac PE RVU:** 1.57

RUC Recommendation: 4.50

Referred to CPT February 2015

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** 31.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.16
Result: Increase

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 8.03
2007 NF PE RVU: **2016 NF PE RVU:** 37.74
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.78
Result: Increase

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 4.50
2007 NF PE RVU: **2016 NF PE RVU:** 26.26
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.68
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.88
2007 NF PE RVU: **2016 NF PE RVU:** 19.98
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.14

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.83
2007 NF PE RVU: **2016 NF PE RVU:** 9.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.82

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.60
2007 NF PE RVU: **2016 NF PE RVU:** 120.38
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.35

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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; 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 129.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.09

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 10.75
2007 NF PE RVU: **2016 NF PE RVU:** 133.28
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.69

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.61
2007 NF PE RVU: **2016 NF PE RVU:** 27.29
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.01

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.50
2007 NF PE RVU: **2016 NF PE RVU:** 11.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.78

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.07
2007 NF PE RVU: **2016 NF PE RVU:** 33.88
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.08

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.29
2007 NF PE RVU: **2016 NF PE RVU:** 18.30
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.40

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy** **Global:** 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2015 Medicare Utilization:** 45

2007 Work RVU: 4.88 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2015 Medicare Utilization:** 108,772

2007 Work RVU: 11.63 **2016 Work RVU:** 10.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.06 **2016 Fac PE RVU:** 6.11

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2015 Medicare Utilization:** 46,546

2007 Work RVU: 12.03 **2016 Work RVU:** 11.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.24 **2016 Fac PE RVU:** 6.51

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 10,771

2007 Work RVU: 17.35 **2016 Work RVU:** 17.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.4 **2016 Fac PE RVU:** 9.35

RUC Recommendation: 20.00 **Referred to CPT** **Result:** Increase
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 **2015 Medicare Utilization:** 2,236

2007 Work RVU: 15.90 **2016 Work RVU:** 18.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.47 **2016 Fac PE RVU:** 9.73

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2015 Medicare Utilization:** 1,338

2007 Work RVU: 4.68 **2016 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2016 NF PE RVU:** 10.06
2007 Fac PE RVU: 1.85 **2016 Fac PE RVU:** 1.90

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 20.43 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.27 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 20.43 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 19.33 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.27 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.69 **2016 Work RVU:**
2007 NF PE RVU: 19.38 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2015 Medicare Utilization:**

2007 Work RVU: 1.35 **2016 Work RVU:**
2007 NF PE RVU: 3.63 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.26 **2016 Work RVU:**
2007 NF PE RVU: 2.65 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 12,362

2007 Work RVU: **2016 Work RVU:** 1.24
2007 NF PE RVU: **2016 NF PE RVU:** 4.06
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.75

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 214,704

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 6.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 2,177

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.72

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2015 Medicare Utilization:** 6,046

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 20.21
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.51

RUC Recommendation: 4.25

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 30,464

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 20.23
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.52

RUC Recommendation: 4.25

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 294

2007 Work RVU: **2016 Work RVU:** 4.50
2007 NF PE RVU: **2016 NF PE RVU:** 15.79
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.62

RUC Recommendation: 4.50

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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: **2015 Medicare Utilization:** 5,207

2007 Work RVU: **2016 Work RVU:** 4.21
2007 NF PE RVU: **2016 NF PE RVU:** 36.08
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.68

RUC Recommendation: 4.21

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: 2.22 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.11 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 2,738

2007 Work RVU: 5.87 **2016 Work RVU:** 4.21
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.15 **2016 Fac PE RVU:** 1.53

RUC Recommendation: 4.21

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter** **Global:** 010 **Issue:** **Screen:** Site of Service Anomaly - 2016 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 10,937

2007 Work RVU: 6.26 **2016 Work RVU:** 6.29
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.82 **2016 Fac PE RVU:** 3.32

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 67,070

2007 Work RVU: 7.88 **2016 Work RVU:** 7.96
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.78 **2016 Fac PE RVU:** 5.22

RUC Recommendation: Reaffirmed **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 11,826

2007 Work RVU: 9.97 **2016 Work RVU:** 9.09
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.46 **2016 Fac PE RVU:** 5.70

RUC Recommendation: 10.05 **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 2,302

2007 Work RVU: 12.36 **2016 Work RVU:** 11.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.18 **2016 Fac PE RVU:** 6.54

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 9,057

2007 Work RVU: 7.96 **2016 Work RVU:** 7.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.77 **2016 Fac PE RVU:** 5.00

RUC Recommendation: 8.04 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2015 Medicare Utilization:** 7,822

2007 Work RVU: **2016 Work RVU:** 11.92
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.83

RUC Recommendation: 12.88 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2015 Medicare Utilization:** 4,340

2007 Work RVU: **2016 Work RVU:** 14.94
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 8.42

RUC Recommendation: 16.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2015 Medicare Utilization:** 6,580

2007 Work RVU: **2016 Work RVU:** 13.76
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.48

RUC Recommendation: 15.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS

First Identified: June 2010 **2015 Medicare Utilization:** 3,848

2007 Work RVU: **2016 Work RVU:** 16.84
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 9.10

RUC Recommendation: 18.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 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 **2015 Medicare Utilization:** 34,145

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 10,650

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** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 5,909

2007 Work RVU: 2.00 **2016 Work RVU:** 2.00
2007 NF PE RVU: 16.66 **2016 NF PE RVU:** 13.29
2007 Fac PE RVU: 0.65 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2015 Medicare Utilization:** 23,081

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.46 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 12,894

2007 Work RVU: 4.15 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.71 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 19,699

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 2.45 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2015 Medicare Utilization:** 3,722

2007 Work RVU: 3.37 **2016 Work RVU:** 3.37
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 1.47

RUC Recommendation: Refer to CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 36,124

2007 Work RVU: 1.46 **2016 Work RVU:**
2007 NF PE RVU: 15.06 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.51 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.15
2007 NF PE RVU: **2016 NF PE RVU:** 11.35
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.40

RUC Recommendation: 3.15

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.10
2007 NF PE RVU: **2016 NF PE RVU:** 3.39
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.72

RUC Recommendation: 1.42

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 19.33
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 5.75 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 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

RUC Recommendation: 4.20 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 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 **2015 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

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2015 Medicare Utilization:** 336

2007 Work RVU: 21.18 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.93 **2016 Fac PE RVU:** 9.76

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2015 Medicare Utilization:** 2,024

2007 Work RVU: 25.26 **2016 Work RVU:** 25.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.99 **2016 Fac PE RVU:** 10.50

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2015 Medicare Utilization:** 59,870

2007 Work RVU: 9.64 **2016 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2016 NF PE RVU:** 9.65
2007 Fac PE RVU: 4.65 **2016 Fac PE RVU:** 5.44

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2015 Medicare Utilization:** 2,913

2007 Work RVU: 16.66 **2016 Work RVU:** 16.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.06 **2016 Fac PE RVU:** 8.32

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.16
2007 NF PE RVU: **2016 NF PE RVU:** 11.48
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.05

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.21
2007 NF PE RVU: **2016 NF PE RVU:** 25.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.74

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.50
2007 NF PE RVU: **2016 NF PE RVU:** 27.06
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.18

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 7.05
2007 NF PE RVU: **2016 NF PE RVU:** 32.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.68

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.03
2007 NF PE RVU: **2016 NF PE RVU:** 43.86
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.34

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.80
2007 NF PE RVU: **2016 NF PE RVU:** 17.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.26

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 5,595

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 RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 13,821

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 RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2015 Medicare Utilization:** 177,889

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 RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2015 Medicare Utilization:** 171,226

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

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2015 Medicare Utilization:** 222,465

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.27 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2015 Medicare Utilization:** 56,115

2007 Work RVU: 1.47 **2016 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2016 NF PE RVU:** 2.05
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 0.71

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)**

Global: 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2015 Medicare Utilization:** 173,761

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: 1.72 **2016 NF PE RVU:** 1.43
2007 Fac PE RVU: 0.71 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2015 Medicare Utilization:** 8,619

2007 Work RVU: 1.71 **2016 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2016 NF PE RVU:** 5.56
2007 Fac PE RVU: 7.41 **2016 Fac PE RVU:** NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2015 Medicare Utilization:** 2,624

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2015 Medicare Utilization:** 67,068

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2015 Medicare Utilization:** 76,093

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2015 Medicare Utilization:** 11,455

2007 Work RVU: 0.61 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 0.25
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2015 Medicare Utilization:** 509,626

2007 Work RVU: 1.14 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2016 NF PE RVU:** 0.26
2007 Fac PE RVU: 0.91 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51772 **Deleted from CPT** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.61 **2016 Work RVU:**
2007 NF PE RVU: 5.44 **2016 NF PE RVU:**
2007 Fac PE RVU: 5.44 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 34 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2015 Medicare Utilization:** 154,735

2007 Work RVU: 1.53 **2016 Work RVU:** 1.53
2007 NF PE RVU: 3.95 **2016 NF PE RVU:** 3.75
2007 Fac PE RVU: 3.95 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2015 Medicare Utilization:** 12,774

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2016 NF PE RVU:** 4.75
2007 Fac PE RVU: 5.74 **2016 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete. **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.53 **2016 Work RVU:**
2007 NF PE RVU: 7.15 **2016 NF PE RVU:**
2007 Fac PE RVU: 7.15 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2015 Medicare Utilization:** 128,931

2007 Work RVU: 1.60 **2016 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2016 NF PE RVU:** 2.29
2007 Fac PE RVU: 5.55 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 2,054,676

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.4 **2016 NF PE RVU:** 0.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2015 Medicare Utilization:** 902,230

2007 Work RVU: 2.23 **2016 Work RVU:** 2.23
2007 NF PE RVU: 3.4 **2016 NF PE RVU:** 3.31
2007 Fac PE RVU: 0.91 **2016 Fac PE RVU:** 1.14

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 20,000

2007 Work RVU: 3.70 **2016 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2016 NF PE RVU:** 14.73
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 1.18

RUC Recommendation: Refer to CPT Assistant. 3.50.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

Result: Decrease

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2015 Medicare Utilization:** 44,970

2007 Work RVU: 3.14 **2016 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2016 NF PE RVU:** 14.99
2007 Fac PE RVU: 1.28 **2016 Fac PE RVU:** 1.37

RUC Recommendation: Refer to CPT Assistant. 4.05.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

Result: Increase

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2015 Medicare Utilization:** 26,897

2007 Work RVU: 4.62 **2016 Work RVU:** 4.62
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.83 **2016 Fac PE RVU:** 1.95

RUC Recommendation: Refer to CPT Assistant. 4.62

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: April 2011 **2015 Medicare Utilization:** 31,935

2007 Work RVU: 5.44 **2016 Work RVU:** 5.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.13 **2016 Fac PE RVU:** 2.26

RUC Recommendation: Refer to CPT Assistant. 5.44

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Maintain

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2015 Medicare Utilization:** 22,524

2007 Work RVU: 9.71 **2016 Work RVU:** 7.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.6 **2016 Fac PE RVU:** 2.95

RUC Recommendation: Refer to CPT Assistant. 8.75

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Result: Decrease

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2015 Medicare Utilization:** 82,484

2007 Work RVU: 2.80 **2016 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2016 NF PE RVU:** 4.65
2007 Fac PE RVU: 1.21 **2016 Fac PE RVU:** 1.32

RUC Recommendation: 2.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2015 Medicare Utilization:** 140,156

2007 Work RVU: 2.83 **2016 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2016 NF PE RVU:** 10.66
2007 Fac PE RVU: 1.19 **2016 Fac PE RVU:** 1.34

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2015 Medicare Utilization:** 2,542

2007 Work RVU: 6.11 **2016 Work RVU:** 5.35
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.44 **2016 Fac PE RVU:** 2.23

RUC Recommendation: 5.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2015 Medicare Utilization:** 254

2007 Work RVU: 6.61 **2016 Work RVU:** 5.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.59 **2016 Fac PE RVU:** 2.39

RUC Recommendation: 5.85 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2015 Medicare Utilization:** 23

2007 Work RVU: 7.31 **2016 Work RVU:** 6.55
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.84 **2016 Fac PE RVU:** 2.63
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 RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2015 Medicare Utilization:** 3,214

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 RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2015 Medicare Utilization:** 496

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 RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2015 Medicare Utilization:** 253

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

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2015 Medicare Utilization:** 21,317

RUC Recommendation: 5.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.85 **2016 Work RVU:** 5.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** 2.33
Result: Decrease

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2015 Medicare Utilization:** 23,086

RUC Recommendation: 6.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.87 **2016 Work RVU:** 6.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.77 **2016 Fac PE RVU:** 2.69
Result: Decrease

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA

First Identified: April 2011 **2015 Medicare Utilization:** 12,262

RUC Recommendation: 7.50

Referred to CPT February 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 7.96 **2016 Work RVU:** 7.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.14 **2016 Fac PE RVU:** 2.95
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2015 Medicare Utilization:** 8,128

2007 Work RVU: 7.33 **2016 Work RVU:** 8.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.94 **2016 Fac PE RVU:** 3.12

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2015 Medicare Utilization:** 916

2007 Work RVU: 8.81 **2016 Work RVU:** 9.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.44 **2016 Fac PE RVU:** 3.46

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2015 Medicare Utilization:** 50,333

2007 Work RVU: **2016 Work RVU:** 8.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.08

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 262

RUC Recommendation: 8.69

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 10.06 **2016 Work RVU:** 8.69
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.18 **2016 Fac PE RVU:** 4.08
Result: Decrease

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 3,921

RUC Recommendation: 8.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.39 **2016 Work RVU:** 8.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.52 **2016 Fac PE RVU:** 4.95
Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2015 Medicare Utilization:** 46,743

RUC Recommendation: 13.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 15.13 **2016 Work RVU:** 15.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.99 **2016 Fac PE RVU:** 7.31
Result: Decrease

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 1,648

RUC Recommendation: 4.79

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.89 **2016 Work RVU:** 4.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.35 **2016 Fac PE RVU:** 3.71
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2015 Medicare Utilization:** 23,881

2007 Work RVU: 12.00 **2016 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2016 NF PE RVU:** 38.24
2007 Fac PE RVU: 5.44 **2016 Fac PE RVU:** 6.31

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 1,746

2007 Work RVU: 15.21 **2016 Work RVU:** 13.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.55 **2016 Fac PE RVU:** 7.14

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2015 Medicare Utilization:** 7,711

2007 Work RVU: 9.98 **2016 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2016 NF PE RVU:** 47.27
2007 Fac PE RVU: 4.46 **2016 Fac PE RVU:** 6.20

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 4,884

RUC Recommendation: 14.39

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 1,292

RUC Recommendation: 15.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 2,923

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 1,217

RUC Recommendation: 8.46

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Status Report: CMS Requests and Relativity Assessment Issues

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2015 Medicare Utilization:** 136,244

2007 Work RVU: 2.58 **2016 Work RVU:** 2.58
2007 NF PE RVU: 4.08 **2016 NF PE RVU:** 3.31
2007 Fac PE RVU: 0.82 **2016 Fac PE RVU:** 1.14

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2015 Medicare Utilization:** 1,218

2007 Work RVU: **2016 Work RVU:** 6.28
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.72

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2015 Medicare Utilization:** 1,733

2007 Work RVU: 24.45 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.19 **2016 Fac PE RVU:** 9.91

RUC Recommendation: 21.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2015 Medicare Utilization:** 229

2007 Work RVU: 26.31 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.83 **2016 Fac PE RVU:** 9.91

RUC Recommendation: 24.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: July 2013 **2015 Medicare Utilization:** 1,670

RUC Recommendation: 29.07

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 30.52 **2016 Work RVU:** 25.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.01 **2016 Fac PE RVU:** 11.21
Result: Decrease

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 27 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 14,824

RUC Recommendation: 26.80

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 32.25 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.87 **2016 Fac PE RVU:** 16.54
Result: Decrease

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 1,649

RUC Recommendation: 13.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 20.25 **2016 Work RVU:** 13.60
2007 NF PE RVU: NA **2016 NF PE RVU:** 185.09
2007 Fac PE RVU: 9.59 **2016 Fac PE RVU:** 6.86
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: April 2015 **2015 Medicare Utilization:** 5,481

2007 Work RVU: 13.31 **2016 Work RVU:** 13.46
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.38 **2016 Fac PE RVU:** 7.01

RUC Recommendation: Review data at RAW

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2015 Medicare Utilization:** 1,706

2007 Work RVU: 3.03 **2016 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 2.91
2007 Fac PE RVU: 1.79 **2016 Fac PE RVU:** 2.23

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2015 Medicare Utilization:** 2,826

2007 Work RVU: 8.44 **2016 Work RVU:** 7.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.7 **2016 Fac PE RVU:** 5.98

RUC Recommendation: 7.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007 **2015 Medicare Utilization:** 3,307

2007 Work RVU: 6.79 **2016 Work RVU:** 5.40
2007 NF PE RVU: NA **2016 NF PE RVU:** 6.36
2007 Fac PE RVU: 4.3 **2016 Fac PE RVU:** 2.43

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 5.40

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2015 Medicare Utilization:** 12,111

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 with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 27 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2015 Medicare Utilization:** 10,121

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 with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 27 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2015 Medicare Utilization:** 7,573

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 with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 27 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2015 Medicare Utilization:** 7,590

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 with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 27 **Specialty Developing Recommendation:** ACOG

First Identified: April 2016 **2015 Medicare Utilization:** 4,418

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

RUC Recommendation: Refer to CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2015 Medicare Utilization:** 2,709

2007 Work RVU: 11.49 **2016 Work RVU:** 11.15
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.73 **2016 Fac PE RVU:** 6.91

RUC Recommendation: 10.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 23,596

2007 Work RVU: 14.01 **2016 Work RVU:** 12.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.21 **2016 Fac PE RVU:** 6.79

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 1,662

2007 Work RVU: 3.33 **2016 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2016 NF PE RVU:** 5.08
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 1.65

RUC Recommendation: 3.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2015 Medicare Utilization:** 40,941

2007 Work RVU: 4.74 **2016 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2016 NF PE RVU:** 6.13
2007 Fac PE RVU: 2.05 **2016 Fac PE RVU:** 2.25

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2015 Medicare Utilization:** 166

2007 Work RVU: 6.16 **2016 Work RVU:** 6.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.56 **2016 Fac PE RVU:** 2.78

RUC Recommendation: 5.54 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2015 Medicare Utilization:** 53

2007 Work RVU: 6.99 **2016 Work RVU:** 6.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.88 **2016 Fac PE RVU:** 3.11

RUC Recommendation: 6.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58561 **Hysteroscopy, surgical; with removal of leiomyomata**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2015 Medicare Utilization:** 2,293

RUC Recommendation: 7.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.99 **2016 Work RVU:** 9.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4 **2016 Fac PE RVU:** 4.31
Result: Decrease

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2015 Medicare Utilization:** 239

RUC Recommendation: 4.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.20 **2016 Work RVU:** 5.20
2007 NF PE RVU: 2.63 **2016 NF PE RVU:** 6.02
2007 Fac PE RVU: 2.21 **2016 Fac PE RVU:** 2.38
Result: Decrease

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2015 Medicare Utilization:** 4,003

RUC Recommendation: 4.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.16 **2016 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2016 NF PE RVU:** 40.21
2007 Fac PE RVU: 2.58 **2016 Fac PE RVU:** 2.79
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2015 Medicare Utilization:** 1,251

2007 Work RVU: 11.54 **2016 Work RVU:** 11.59
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.07 **2016 Fac PE RVU:** 5.97

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2015 Medicare Utilization:** 11,281

2007 Work RVU: 11.30 **2016 Work RVU:** 11.35
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.84 **2016 Fac PE RVU:** 5.51

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 20.75 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.08 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 3,871

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

RUC Recommendation: 32.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2015 Medicare Utilization:** 1,953

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

RUC Recommendation: 14.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2015 Medicare Utilization:** 1,259

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

RUC Recommendation: 18.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 38

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

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 58

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 **2015 Medicare Utilization:** 977

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 **2015 Medicare Utilization:** 870

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 **2015 Medicare Utilization:** 1,405

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 **2015 Medicare Utilization:** 3,142

2007 Work RVU: 30.34 **2016 Work RVU:** 35.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 16.92 **2016 Fac PE RVU:** 22.09

RUC Recommendation: 36.17 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2015 Medicare Utilization:** 1,466

2007 Work RVU: 15.95 **2016 Work RVU:** 16.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.78 **2016 Fac PE RVU:** 6.43

RUC Recommendation: 16.13 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 1,166

2007 Work RVU: 18.26 **2016 Work RVU:** 21.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.43 **2016 Fac PE RVU:** 9.62

RUC Recommendation: 22.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 120

2007 Work RVU: 28.21 **2016 Work RVU:** 33.87
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.52 **2016 Fac PE RVU:** 20.78

RUC Recommendation: 34.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 48

2007 Work RVU: 15.04 **2016 Work RVU:** 16.09
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.6 **2016 Fac PE RVU:** 6.34

RUC Recommendation: 16.09 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 40

2007 Work RVU: 16.59 **2016 Work RVU:** 19.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.49 **2016 Fac PE RVU:** 8.23

RUC Recommendation: 20.26 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 23

2007 Work RVU: 31.78 **2016 Work RVU:** 36.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.74 **2016 Fac PE RVU:** 22.24

RUC Recommendation: 36.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 10

2007 Work RVU: 17.50 **2016 Work RVU:** 16.66
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.27 **2016 Fac PE RVU:** 6.56

RUC Recommendation: 16.66 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2015 Medicare Utilization:** 13

2007 Work RVU: 19.70 **2016 Work RVU:** 22.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.14 **2016 Fac PE RVU:** 9.86

RUC Recommendation: 22.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 7,720

2007 Work RVU: 12.29 **2016 Work RVU:** 11.19
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.96 **2016 Fac PE RVU:** 7.18

RUC Recommendation: 12.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 488

2007 Work RVU: 14.67 **2016 Work RVU:** 14.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.22 **2016 Fac PE RVU:** 9.28

RUC Recommendation: 14.67 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2015 Medicare Utilization:** 355

2007 Work RVU: 17.07 **2016 Work RVU:** 17.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.95 **2016 Fac PE RVU:** 9.16

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2015 Medicare Utilization:** 334

2007 Work RVU: 19.11 **2016 Work RVU:** 19.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.22 **2016 Fac PE RVU:** 9.14

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2015 Medicare Utilization:** 118

2007 Work RVU: 23.37 **2016 Work RVU:** 23.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.89 **2016 Fac PE RVU:** 10.74

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2015 Medicare Utilization:** 440

2007 Work RVU: 2.10 **2016 Work RVU:** 2.10
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.37 **2016 Fac PE RVU:** 1.04

RUC Recommendation: Editorial change

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: October 2009 **2015 Medicare Utilization:** 12,308

2007 Work RVU: **2016 Work RVU:** 3.75
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 3.75

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS

First Identified: October 2009 **2015 Medicare Utilization:** 10,460

2007 Work RVU: **2016 Work RVU:** 3.18
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.44

RUC Recommendation: 3.18

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2015 Medicare Utilization:** 7,007

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2015 Medicare Utilization: 6,009

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

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

2015 Medicare Utilization: 6,171

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

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

2015 Medicare Utilization: 3,694

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 **2015 Medicare Utilization:** 880

2007 Work RVU: **2016 Work RVU:** 4.81
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.26

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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: **2015 Medicare Utilization:** 5,967

2007 Work RVU: **2016 Work RVU:** 2.25
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.40

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 6,015

2007 Work RVU: 7.37 **2016 Work RVU:** 6.05
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.85 **2016 Fac PE RVU:** 6.78

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2015 Medicare Utilization:** 363

2007 Work RVU: 6.41 **2016 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2016 NF PE RVU:** 13.30
2007 Fac PE RVU: 3.11 **2016 Fac PE RVU:** 4.41

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2015 Medicare Utilization:** 575

2007 Work RVU: 2.66 **2016 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2016 NF PE RVU:** 3.94
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 1.56

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2015 Medicare Utilization:** 13,684

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2016 NF PE RVU:** 3.49
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.78

RUC Recommendation: 1.54 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2015 Medicare Utilization:** 204

2007 Work RVU: 8.88 **2016 Work RVU:** 9.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.18 **2016 Fac PE RVU:** 6.40

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS

First Identified: October 2009 **2015 Medicare Utilization:** 11,438

2007 Work RVU: 3.00 **2016 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2016 NF PE RVU:** 6.29
2007 Fac PE RVU: 1.31 **2016 Fac PE RVU:** 1.71

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2015 Medicare Utilization:** 5,719

2007 Work RVU: **2016 Work RVU:** 2.29
2007 NF PE RVU: **2016 NF PE RVU:** 4.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.04

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2015 Medicare Utilization:** 456

2007 Work RVU: **2016 Work RVU:** 2.29
2007 NF PE RVU: **2016 NF PE RVU:** 4.64
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.09

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2015 Medicare Utilization:** 24,630

2007 Work RVU: **2016 Work RVU:** 2.25
2007 NF PE RVU: **2016 NF PE RVU:** 4.34
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.03

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2015 Medicare Utilization:** 7,523

2007 Work RVU: **2016 Work RVU:** 2.35
2007 NF PE RVU: **2016 NF PE RVU:** 4.84
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.08

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2015 Medicare Utilization:** 215,869

2007 Work RVU: 1.91 **2016 Work RVU:** 1.91
2007 NF PE RVU: 4.35 **2016 NF PE RVU:** 4.85
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 1.09

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2015 Medicare Utilization:** 820,248

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 4.35 **2016 NF PE RVU:** 4.71
2007 Fac PE RVU: 0.58 **2016 Fac PE RVU:** 0.92

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2015 Medicare Utilization:** 32,361

2007 Work RVU: 2.04 **2016 Work RVU:** 2.04
2007 NF PE RVU: 5.09 **2016 NF PE RVU:** 4.61
2007 Fac PE RVU: 0.61 **2016 Fac PE RVU:** 0.72

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2015 Medicare Utilization:** 15,313

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

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 **2015 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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

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 **2015 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

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

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 **2015 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

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

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 **2015 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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 2.20

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.78

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

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 **2015 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
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 5,607

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 **2015 Medicare Utilization:** 1,202

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

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2015 Medicare Utilization:** 415

2007 Work RVU: 3.68 **2016 Work RVU:** 4.33
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.87 **2016 Fac PE RVU:** 3.82

RUC Recommendation: 4.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2015 Medicare Utilization:** 56

2007 Work RVU: 6.59 **2016 Work RVU:** 5.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.94 **2016 Fac PE RVU:** 4.38

RUC Recommendation: 5.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2015 Medicare Utilization:** 7,382

2007 Work RVU: 8.58 **2016 Work RVU:** 5.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.46 **2016 Fac PE RVU:** 4.45

RUC Recommendation: 6.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2015 Medicare Utilization:** 1,170

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2015 Medicare Utilization:** 8,215

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2015 Medicare Utilization:** 46,634

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2015 Medicare Utilization:** 39,655

2007 Work RVU: **2016 Work RVU:** 0.67
2007 NF PE RVU: **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2015 Medicare Utilization:** 94,044

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 2.65
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.10 **Referred to CPT** October 2010 **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 **2015 Medicare Utilization:** 35,993

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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 15,890

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

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2015 Medicare Utilization:** 9,168

2007 Work RVU: 17.82 **2016 Work RVU:** 17.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.4 **2016 Fac PE RVU:** 13.54

RUC Recommendation: 17.95

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2015 Medicare Utilization:** 3,244

2007 Work RVU: 17.12 **2016 Work RVU:** 17.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.13 **2016 Fac PE RVU:** 13.03

RUC Recommendation: 17.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** September 2011 **2015 Medicare Utilization:** 101,456

2007 Work RVU: 15.22 **2016 Work RVU:** 15.37
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.79 **2016 Fac PE RVU:** 12.10

RUC Recommendation: 15.37 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2015 Medicare Utilization:** 134,208

2007 Work RVU: 3.47 **2016 Work RVU:** 3.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.58 **2016 Fac PE RVU:** 1.69

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2015 Medicare Utilization:** 7,856

2007 Work RVU: 21.73 **2016 Work RVU:** 21.86
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.31 **2016 Fac PE RVU:** 14.75

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Status Report: CMS Requests and Relativity Assessment Issues

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2015 Medicare Utilization:** 833

2007 Work RVU: 19.47 **2016 Work RVU:** 19.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.87 **2016 Fac PE RVU:** 13.80

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2015 Medicare Utilization:** 548

2007 Work RVU: 4.04 **2016 Work RVU:** 4.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:** 1.93

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2015 Medicare Utilization:** 1,033

2007 Work RVU: 30.78 **2016 Work RVU:** 30.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.58 **2016 Fac PE RVU:** 18.65

RUC Recommendation: Review action plan. Refer to CPT to bundle **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2015 Medicare Utilization: 425

2007 Work RVU: **2016 Work RVU:** 15.60

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 11.06

RUC Recommendation: 15.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2015 Medicare Utilization: 77

2007 Work RVU: **2016 Work RVU:** 4.00

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 1.89

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2015 Medicare Utilization: 48,831

2007 Work RVU: 7.57 **2016 Work RVU:** 7.15

2007 NF PE RVU: NA **2016 NF PE RVU:** 30.43

2007 Fac PE RVU: 3.11 **2016 Fac PE RVU:** 4.18

RUC Recommendation: 7.20. New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2015 Medicare Utilization:** 5,720

2007 Work RVU: 11.43 **2016 Work RVU:** 10.92
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.15 **2016 Fac PE RVU:** 9.59

RUC Recommendation: 11.43 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2015 Medicare Utilization:** 3,058

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2015 Medicare Utilization:** 1,824

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2015 Medicare Utilization:** 993

2007 Work RVU: **2016 Work RVU:** 7.75
2007 NF PE RVU: **2016 NF PE RVU:** 14.12
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.45

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2015 Medicare Utilization:** 574

2007 Work RVU: **2016 Work RVU:** 11.52
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 9.82

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling** **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2015 Medicare Utilization:** 15,580

2007 Work RVU: 7.87 **2016 Work RVU:** 5.19
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.03 **2016 Fac PE RVU:** 4.34

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver** **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2015 Medicare Utilization:** 6,448

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve** **Global:** 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2015 Medicare Utilization:** 4,250

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 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

64415 **Injection, anesthetic agent; brachial plexus, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2015 Medicare Utilization:** 153,445

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** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

Status Report: CMS Requests and Relativity Assessment Issues

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2015 Medicare Utilization:** 18,731

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64418 **Injection, anesthetic agent; suprascapular nerve**

Global: 000 **Issue:** Injection, Anesthetic Agent **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA

First Identified: October 2015 **2015 Medicare Utilization:** 31,454

2007 Work RVU: 1.32 **2016 Work RVU:** 1.32
2007 NF PE RVU: 2.43 **2016 NF PE RVU:** 2.70
2007 Fac PE RVU: 0.46 **2016 Fac PE RVU:** 0.75

RUC Recommendation: 1.10

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2015 Medicare Utilization:** 108,959

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2016 NF PE RVU:** 2.29
2007 Fac PE RVU: 0.51 **2016 Fac PE RVU:** 0.46

RUC Recommendation: 1.48, Review in October 2017

Referred to CPT **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2015 Medicare Utilization:** 5,949

2007 Work RVU: 3.61 **2016 Work RVU:** 1.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.9 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 1.81

Referred to CPT February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection, anesthetic agent; femoral nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2015 Medicare Utilization:** 157,469

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: NA **2016 NF PE RVU:** 1.91
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 1.50, Review in October 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2015 Medicare Utilization:** 39,296

2007 Work RVU: 3.36 **2016 Work RVU:** 1.63
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.73 **2016 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen. 1.63 **Referred to CPT** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2015 Medicare Utilization:** 3,303

2007 Work RVU: 3.24 **2016 Work RVU:** 1.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.84 **2016 Fac PE RVU:** 0.47

RUC Recommendation: 1.81 **Referred to CPT** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection, anesthetic agent; other peripheral nerve or branch** **Global:** 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2015 Medicare Utilization:** 542,035

2007 Work RVU: 1.27 **2016 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.46
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.50

RUC Recommendation: 0.75 and review action plan **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64455 **Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)** **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 65,979

2007 Work RVU: **2016 Work RVU:** 0.75
2007 NF PE RVU: **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.19

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 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** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 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** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)**

Global: 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 **2015 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** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.29 **2016 Work RVU:**
2007 NF PE RVU: 2.05 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64475 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.41 **2016 Work RVU:**
2007 NF PE RVU: 6.07 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.62 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64476 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.98 **2016 Work RVU:**
2007 NF PE RVU: 1.86 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.24 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015 Medicare Utilization:** 44,931

2007 Work RVU: 2.20 **2016 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 4.27
2007 Fac PE RVU: 0.87 **2016 Fac PE RVU:** 1.34

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015 Medicare Utilization:** 24,514

2007 Work RVU: 1.54 **2016 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 1.93
2007 Fac PE RVU: 0.45 **2016 Fac PE RVU:** 0.52

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015 Medicare Utilization:** 991,128

2007 Work RVU: 1.90 **2016 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2016 NF PE RVU:** 4.23
2007 Fac PE RVU: 0.81 **2016 Fac PE RVU:** 1.20

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015 Medicare Utilization:** 467,888

2007 Work RVU: 1.33 **2016 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.36 **2016 Fac PE RVU:** 0.43

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 222,602

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 196,757

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 136,094

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 783,917

2007 Work RVU: **2016 Work RVU:** 1.52
2007 NF PE RVU: **2016 NF PE RVU:** 3.30
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.99

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 699,106

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.40
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015 Medicare Utilization:** 433,136

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.41
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.44

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2015 Medicare Utilization:** 7,011

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2016 NF PE RVU:** 2.35
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.82

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 20,333

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2016 NF PE RVU:** 3.89
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.88

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator** **Global:** 000 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2015 Medicare Utilization:** 15,824

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.26 **2016 NF PE RVU:** 0.26
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** 0.07

RUC Recommendation: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 28 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2015 Medicare Utilization:** 240

2007 Work RVU: 2.33 **2016 Work RVU:** 2.36
2007 NF PE RVU: 2.75 **2016 NF PE RVU:** 3.42
2007 Fac PE RVU: 1.73 **2016 Fac PE RVU:** 1.94

RUC Recommendation: Refer to CPT **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 28 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2015 Medicare Utilization:** 8,200

2007 Work RVU: 2.29 **2016 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2016 NF PE RVU:** 3.47
2007 Fac PE RVU: 1.23 **2016 Fac PE RVU:** 1.86

RUC Recommendation: Refer to CPT. Develop CPT Assistant article.Review September 2017.

Referred to CPT September 2016 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2015 Medicare Utilization:** 13,993

2007 Work RVU: 7.07 **2016 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2016 NF PE RVU:** 17.15
2007 Fac PE RVU: 3.05 **2016 Fac PE RVU:** 2.62

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2015 Medicare Utilization:** 1,260

2007 Work RVU: 1.78 **2016 Work RVU:** 1.81
2007 NF PE RVU: 3.08 **2016 NF PE RVU:** 3.33
2007 Fac PE RVU: 1.27 **2016 Fac PE RVU:** 1.73

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 29 **Specialty Developing Recommendation:** ACOG, AUA

First Identified: July 2013 **2015 Medicare Utilization:** 136,614

2007 Work RVU: **2016 Work RVU:** 0.60
2007 NF PE RVU: **2016 NF PE RVU:** 2.92
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: **2015 Medicare Utilization:** 689

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.26

RUC Recommendation: 11.19

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2015 Medicare Utilization:**

2007 Work RVU: 8.15 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.31 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2015 Medicare Utilization:** 10,139

2007 Work RVU: 14.15 **2016 Work RVU:** 12.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.73 **2016 Fac PE RVU:** 5.41

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling** **Global:** 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2015 Medicare Utilization:** 10,552

2007 Work RVU: 2.42 **2016 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2016 NF PE RVU:** 4.77
2007 Fac PE RVU: 2.33 **2016 Fac PE RVU:** 1.86

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level** **Global:** 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 3.02 **2016 Work RVU:**
2007 NF PE RVU: 6.82 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.34 **2016 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.99 **2016 Work RVU:**
2007 NF PE RVU: 2.62 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 3.82 **2016 Work RVU:**
2007 NF PE RVU: 6.99 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.16 **2016 Work RVU:**
2007 NF PE RVU: 3.98 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.26 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015 Medicare Utilization:** 57,061

2007 Work RVU: **2016 Work RVU:** 3.84
2007 NF PE RVU: **2016 NF PE RVU:** 7.99
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.42

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015 Medicare Utilization:** 95,431

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 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015 Medicare Utilization:** 243,236

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 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015 Medicare Utilization:** 394,015

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 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2015 Medicare Utilization:** 97,678

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 **2015 Medicare Utilization:** 3,611

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 **2015 Medicare Utilization:** 671

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 **2015 Medicare Utilization:** 968

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 RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2015 Medicare Utilization: 894

2007 Work RVU: 9.70 **2016 Work RVU:** 9.93

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 10.13 **2016 Fac PE RVU:** 13.41

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011

2015 Medicare Utilization: 28,000

2007 Work RVU: 0.93 **2016 Work RVU:** 0.84

2007 NF PE RVU: 0.87 **2016 NF PE RVU:** 0.99

2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** 0.58

RUC Recommendation: 0.93

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2015 Medicare Utilization: 850

2007 Work RVU: 14.43 **2016 Work RVU:** 15.36

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 9.12 **2016 Fac PE RVU:** 15.00

RUC Recommendation: 16.00

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2015 Medicare Utilization:** 2,094

2007 Work RVU: 10.43 **2016 Work RVU:** 7.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.04 **2016 Fac PE RVU:** 11.96

RUC Recommendation: 8.80

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2015 Medicare Utilization:** 37,625

2007 Work RVU: 1.91 **2016 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2016 NF PE RVU:** 1.74
2007 Fac PE RVU: 1.16 **2016 Fac PE RVU:** 0.96

RUC Recommendation: 1.53

Referred to CPT October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2015 Medicare Utilization:**

2007 Work RVU: 1.91 **2016 Work RVU:**
2007 NF PE RVU: 2.07 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.16 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2015 Medicare Utilization:** 152,326

2007 Work RVU: 3.90 **2016 Work RVU:** 2.66

2007 NF PE RVU: 4.14 **2016 NF PE RVU:** 4.88

2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:** 3.95

RUC Recommendation: 3.00

Referred to CPT February 2015

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2015 Medicare Utilization:** 11,527

2007 Work RVU: 14.57 **2016 Work RVU:** 11.27

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 12.17 **2016 Fac PE RVU:** 15.36

RUC Recommendation: 13.94

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2015 Medicare Utilization:** 5,207

2007 Work RVU: 18.26 **2016 Work RVU:** 12.57

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 15.21 **2016 Fac PE RVU:** 21.12

RUC Recommendation: 14.81

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2015 Medicare Utilization:** 373

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 14.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.57
Result: Decrease

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2015 Medicare Utilization:** 12,667

RUC Recommendation: 15.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 16.02 **2016 Work RVU:** 15.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.62 **2016 Fac PE RVU:** 16.20
Result: Decrease

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2015 Medicare Utilization:** 4,798

RUC Recommendation: 13.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 13.20
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.08
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2015 Medicare Utilization:** 376

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 9.58
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 12.00
Result: Decrease

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2015 Medicare Utilization:** 1,805

RUC Recommendation: 10.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.35 **2016 Work RVU:** 10.58
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.37 **2016 Fac PE RVU:** 12.64
Result: Increase

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)** **Global:** 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2015 Medicare Utilization:** 78,496

RUC Recommendation: 3.00 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.87 **2016 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2016 NF PE RVU:** 5.17
2007 Fac PE RVU: 4.32 **2016 Fac PE RVU:** 3.47
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010

2015 Medicare Utilization: 637,240

2007 Work RVU: 3.32 **2016 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2016 NF PE RVU:** 5.65
2007 Fac PE RVU: 3.6 **2016 Fac PE RVU:** 5.14

RUC Recommendation: Maintain

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2015 Medicare Utilization: 170,991

2007 Work RVU: 14.83 **2016 Work RVU:** 11.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2016 Fac PE RVU:** 10.60

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2015 Medicare Utilization: 1,641,657

2007 Work RVU: 10.36 **2016 Work RVU:** 8.52
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.24 **2016 Fac PE RVU:** 8.80

RUC Recommendation: 8.52

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2015 Medicare Utilization:** 2,963,359

2007 Work RVU: 2.52 **2016 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2016 NF PE RVU:** 1.34
2007 Fac PE RVU: 1.42 **2016 Fac PE RVU:** 1.30

RUC Recommendation: Review utilization at RAW Oct 2018. 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2015 Medicare Utilization:** 15,417

2007 Work RVU: 13.09 **2016 Work RVU:** 12.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.96 **2016 Fac PE RVU:** 12.58

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2015 Medicare Utilization:**

2007 Work RVU: 23.30 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 15.16 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2015 Medicare Utilization:** 2,555

2007 Work RVU: 16.39 **2016 Work RVU:** 13.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.94 **2016 Fac PE RVU:** 13.25

RUC Recommendation: 13.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2015 Medicare Utilization:** 9,734

2007 Work RVU: 19.23 **2016 Work RVU:** 14.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.41 **2016 Fac PE RVU:** 14.07

RUC Recommendation: 14.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2015 Medicare Utilization:** 14,297

2007 Work RVU: **2016 Work RVU:** 16.33
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.22

RUC Recommendation: 16.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2015 Medicare Utilization:** 24,510

RUC Recommendation: 16.33

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 16.33
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.22
Result: Decrease

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2015 Medicare Utilization:** 742

RUC Recommendation: 17.40

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 17.40
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.90
Result: Decrease

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

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 **2015 Medicare Utilization:** 602

RUC Recommendation: 3.50

Referred to CPT May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.60 **2016 Work RVU:** 8.80
2007 NF PE RVU: 9.04 **2016 NF PE RVU:** 12.78
2007 Fac PE RVU: 6.51 **2016 Fac PE RVU:** 9.71
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

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 **2015 Medicare Utilization:** 5,763

2007 Work RVU: 8.35 **2016 Work RVU:** 8.53
2007 NF PE RVU: 7.99 **2016 NF PE RVU:** 11.25
2007 Fac PE RVU: 6.13 **2016 Fac PE RVU:** 9.14

RUC Recommendation: 3.84

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 906

2007 Work RVU: 16.35 **2016 Work RVU:** 14.06
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.19 **2016 Fac PE RVU:** 13.79

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 14,547

2007 Work RVU: 22.49 **2016 Work RVU:** 15.19
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.22 **2016 Fac PE RVU:** 14.51

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2015 Medicare Utilization:** 2,755

2007 Work RVU: 10.02 **2016 Work RVU:** 8.31
2007 NF PE RVU: 9.99 **2016 NF PE RVU:** 12.64
2007 Fac PE RVU: 7.37 **2016 Fac PE RVU:** 10.87

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2015 Medicare Utilization:** 409

2007 Work RVU: 18.45 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 11.71 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2015 Medicare Utilization:** 12,078

2007 Work RVU: **2016 Work RVU:** 19.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 17.68

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2015 Medicare Utilization: 68,755

2007 Work RVU: 9.35 **2016 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2016 NF PE RVU:** 7.87
2007 Fac PE RVU: 5.84 **2016 Fac PE RVU:** 7.38

RUC Recommendation: 6.36

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2015 Medicare Utilization: 4,470

2007 Work RVU: 14.19 **2016 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2016 NF PE RVU:** 8.33
2007 Fac PE RVU: 8.9 **2016 Fac PE RVU:** 7.38

RUC Recommendation: 6.36

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2015 Medicare Utilization: 235

2007 Work RVU: 0.47 **2016 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2016 NF PE RVU:** 0.34
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.30

RUC Recommendation: 0.47

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2015 Medicare Utilization: 73,755

2007 Work RVU: 13.67 **2016 Work RVU:** 4.39
2007 NF PE RVU: 11.2 **2016 NF PE RVU:** 4.96
2007 Fac PE RVU: 8.43 **2016 Fac PE RVU:** 4.01

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2015 Medicare Utilization:** 2,026

RUC Recommendation: 10.17

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 247,521

RUC Recommendation: 0.32

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 1,922

RUC Recommendation: 3.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 335

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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
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 **2015 Medicare Utilization:** 2,198

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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
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 **2015 Medicare Utilization:** 26,076

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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
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 **2015 Medicare Utilization:** 4,015

RUC Recommendation: 3.47

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.42 **2016 Work RVU:** 3.47

2007 NF PE RVU: 5.83 **2016 NF PE RVU:** 9.29

2007 Fac PE RVU: 2.84 **2016 Fac PE RVU:** 5.09

Result: Maintain

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2015 Medicare Utilization:** 120

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.09 **2016 Work RVU:** 2.03

2007 NF PE RVU: 5.55 **2016 NF PE RVU:** 6.02

2007 Fac PE RVU: 2.7 **2016 Fac PE RVU:** 3.43

Result: Decrease

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2015 Medicare Utilization:** 1,735

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.94 **2016 Work RVU:** 5.48

2007 NF PE RVU: 7.76 **2016 NF PE RVU:** 10.85

2007 Fac PE RVU: 4.86 **2016 Fac PE RVU:** 6.35

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2015 Medicare Utilization:** 11,698

2007 Work RVU: 5.84 **2016 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2016 NF PE RVU:** 11.47
2007 Fac PE RVU: 4.57 **2016 Fac PE RVU:** 6.64

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2015 Medicare Utilization:** 5,087

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.87
2007 Fac PE RVU: 0.42 **2016 Fac PE RVU:** 0.54

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68200 **Subconjunctival injection** **Global:** 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2015 Medicare Utilization:** 18,452

2007 Work RVU: 0.49 **2016 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2016 NF PE RVU:** 0.64
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.46

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2015 Medicare Utilization:** 41,845

2007 Work RVU: 0.96 **2016 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2016 NF PE RVU:** 1.97
2007 Fac PE RVU: 1.48 **2016 Fac PE RVU:** 1.59

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2015 Medicare Utilization:** 30,576

2007 Work RVU: 2.63 **2016 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2016 NF PE RVU:** 3.86
2007 Fac PE RVU: 2.7 **2016 Fac PE RVU:** 2.65

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2015 Medicare Utilization:** 560

2007 Work RVU: 2.39 **2016 Work RVU:** 1.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** 2.85

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2015 Medicare Utilization:** 8,043

2007 Work RVU: 3.24 **2016 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2016 NF PE RVU:** 8.33
2007 Fac PE RVU: 2.74 **2016 Fac PE RVU:** 3.39

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2015 Medicare Utilization:** 250

2007 Work RVU: **2016 Work RVU:** 2.10
2007 NF PE RVU: **2016 NF PE RVU:** 16.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.47

RUC Recommendation: 2.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2015 Medicare Utilization:** 132,335

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** 0.49

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2015 Medicare Utilization:** 45,011

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2016 NF PE RVU:** 1.96
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.49

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS

First Identified: September 2011 **2015 Medicare Utilization:** 1,538,900

2007 Work RVU: 0.61 **2016 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.26

RUC Recommendation: 0.58.

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2015 Medicare Utilization:**

2007 Work RVU: 0.83 **2016 Work RVU:**
2007 NF PE RVU: 2.27 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.66 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2015 Medicare Utilization:**

2007 Work RVU: 0.63 **2016 Work RVU:**
2007 NF PE RVU: 1.3 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2015 Medicare Utilization:**

2007 Work RVU: 2.65 **2016 Work RVU:**
2007 NF PE RVU: 3.48 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.19 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:** 47,911

2007 Work RVU: 1.54 **2016 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2016 NF PE RVU:** 4.02
2007 Fac PE RVU: 1.6 **2016 Fac PE RVU:** 2.03

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal** **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2015 Medicare Utilization:** 18,145

2007 Work RVU: 8.61 **2016 Work RVU:** 2.06
2007 NF PE RVU: NA **2016 NF PE RVU:** 3.27
2007 Fac PE RVU: 9.31 **2016 Fac PE RVU:** 1.29

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy** **Global:** 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 13.39 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 11.91 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2015 Medicare Utilization:** 3,056

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 **2015 Medicare Utilization:** 21,675

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 **2015 Medicare Utilization:** 2,408

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

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2015 Medicare Utilization:** 7,991

2007 Work RVU: 0.84 **2016 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Result: Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70373 **Laryngography, contrast, radiological supervision and interpretation** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2015 Medicare Utilization:** 4,282

2007 Work RVU: 0.44 **2016 Work RVU:**
2007 NF PE RVU: 1.83 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Result: Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70450 **Computed tomography, head or brain; without contrast material** **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2015 Medicare Utilization:** 5,587,715

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2016 NF PE RVU:** 2.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85

Referred to CPT
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2015 Medicare Utilization:** 36,236

2007 Work RVU: 1.13 **2016 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2016 NF PE RVU:** 3.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2015 Medicare Utilization:** 126,955

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2016 NF PE RVU:** 4.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2015 Medicare Utilization:** 473,336

2007 Work RVU: 1.14 **2016 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2016 NF PE RVU:** 3.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 22,788

2007 Work RVU: 1.30 **2016 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 3.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2015 Medicare Utilization:** 3,852

2007 Work RVU: 1.42 **2016 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2016 NF PE RVU:** 4.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70490 **Computed tomography, soft tissue neck; without contrast material** **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 68,017

2007 Work RVU: 1.28 **2016 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2016 NF PE RVU:** 4.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

70491 **Computed tomography, soft tissue neck; with contrast material(s)** **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 238,355

2007 Work RVU: 1.38 **2016 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2016 NF PE RVU:** 5.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR, ASNR
First Identified: July 2015
2015 Medicare Utilization: 24,779

2007 Work RVU: 1.45 **2016 Work RVU:** 1.45
2007 NF PE RVU: 8.04 **2016 NF PE RVU:** 6.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 39
Specialty Developing Recommendation: ACR, ASNR
First Identified: February 2008
2015 Medicare Utilization: 234,736

2007 Work RVU: 1.75 **2016 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2016 NF PE RVU:** 6.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 39
Specialty Developing Recommendation: ACR, ASNR
First Identified: February 2008
2015 Medicare Utilization: 257,968

2007 Work RVU: 1.75 **2016 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2016 NF PE RVU:** 6.36
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 10,993

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2016 NF PE RVU:** 8.62
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 1,291

2007 Work RVU: 1.62 **2016 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2016 NF PE RVU:** 9.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 52,521

2007 Work RVU: 2.15 **2016 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2016 NF PE RVU:** 11.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 277,566

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2016 NF PE RVU:** 9.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 3,334

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2016 NF PE RVU:** 9.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 16,562

2007 Work RVU: 1.80 **2016 Work RVU:** 1.80
2007 NF PE RVU: 22.97 **2016 NF PE RVU:** 14.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 81,973

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2016 NF PE RVU:** 9.75
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 26,436

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.65 **2016 NF PE RVU:** 10.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015 Medicare Utilization:** 73,929

2007 Work RVU: 1.80 **2016 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2016 NF PE RVU:** 14.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2015 Medicare Utilization:** 1,011,623

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2016 NF PE RVU:** 4.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2015 Medicare Utilization:** 25,220

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2016 NF PE RVU:** 7.07
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2015 Medicare Utilization:** 960,232

2007 Work RVU: 2.36 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2016 NF PE RVU:** 8.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2015 Medicare Utilization:** 17,329,127

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71015 **Radiologic examination, chest; stereo, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2015 Medicare Utilization:** 848

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2015 Medicare Utilization:** 11,852,589

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.54
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

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

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 6,169

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.79 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 11,853

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31
2007 NF PE RVU: 0.84 **2016 NF PE RVU:** 0.84
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 2,912

2007 Work RVU: 0.38 **2016 Work RVU:** 0.38
2007 NF PE RVU: 1.06 **2016 NF PE RVU:** 1.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 10,087

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31
2007 NF PE RVU: 0.88 **2016 NF PE RVU:** 0.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 472

2007 Work RVU: 0.46 **2016 Work RVU:** 0.46
2007 NF PE RVU: 1.69 **2016 NF PE RVU:** 1.82
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 97,569

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.62 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation** **Global:** XXX **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

710X1

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.18

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.22

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.27

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.31

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2015 Medicare Utilization:** 222,064

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2015 Medicare Utilization:** 277,529

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2015 Medicare Utilization:** 29,856

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.84 **2016 NF PE RVU:** 0.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2015 Medicare Utilization:** 28,600

2007 Work RVU: 0.32 **2016 Work RVU:** 0.32
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Chest **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2015 Medicare Utilization:** 1,822,629

2007 Work RVU: 1.16 **2016 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2016 NF PE RVU:** 3.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71260 **Computed tomography, thorax; with contrast material(s)**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2015 Medicare Utilization:** 1,697,227

2007 Work RVU: 1.24 **2016 Work RVU:** 1.24
2007 NF PE RVU: 7.5 **2016 NF PE RVU:** 5.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 90,753

2007 Work RVU: 1.38 **2016 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2016 NF PE RVU:** 6.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2015 Medicare Utilization:** 939,327

2007 Work RVU: 1.92 **2016 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2016 NF PE RVU:** 6.47
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 177,936

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.46 **2016 NF PE RVU:** 0.45
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval) **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-ray of Cervical Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2010 **2015 Medicare Utilization:** 621,960

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22

2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.69

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2010 **2015 Medicare Utilization:** 397,370

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31

2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.92

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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: October 2010 **2015 Medicare Utilization:** 98,596

2007 Work RVU: 0.36 **2016 Work RVU:** 0.36

2007 NF PE RVU: 1.27 **2016 NF PE RVU:** 1.19

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.36

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2015 Medicare Utilization:** 310,759

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

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: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 203,717

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.78 **2016 NF PE RVU:** 0.73
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval) **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views**

Global: **Issue:** **Screen:** CNS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 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: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** **Issue:** **Screen:** CNS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** Radiologic Examination - Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - 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 **2015 Medicare Utilization:** 1,881,429

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - 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 **2015 Medicare Utilization:** 871,644

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - 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 **2015 Medicare Utilization:** 94,995

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**

Global: XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - 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 **2015 Medicare Utilization:** 42,093

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2015 Medicare Utilization:** 1,024,617

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** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 20,884

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** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 2,359

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** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2015 Medicare Utilization:** 146,589

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** **Result:** Maintain
Referred to CPT Asst ☐ **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 **2015 Medicare Utilization:** 17,973

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** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 1,453

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** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2015 Medicare Utilization:** 425,135

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** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 58,822

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2016 NF PE RVU:** 5.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 4,828

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2016 NF PE RVU:** 6.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2015 Medicare Utilization:** 553,257

2007 Work RVU: 1.60 **2016 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2016 NF PE RVU:** 4.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2015 Medicare Utilization:** 4,224

2007 Work RVU: 1.92 **2016 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2016 NF PE RVU:** 7.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2015 Medicare Utilization:** 193,992

2007 Work RVU: 1.60 **2016 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2016 NF PE RVU:** 4.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2015 Medicare Utilization:** 3,582

2007 Work RVU: 1.92 **2016 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2016 NF PE RVU:** 7.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2015 Medicare Utilization:** 1,270,194

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2016 NF PE RVU:** 4.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2015 Medicare Utilization:** 7,155

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2016 NF PE RVU:** 7.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2015 Medicare Utilization:** 111,913

2007 Work RVU: 2.57 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2016 NF PE RVU:** 8.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2015 Medicare Utilization:** 85,629

2007 Work RVU: 2.57 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2016 NF PE RVU:** 8.22
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2015 Medicare Utilization:** 259,377

2007 Work RVU: 2.36 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2016 NF PE RVU:** 8.18
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 1,866,046

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2016 NF PE RVU:** 0.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 2,909

2007 Work RVU: 1.81 **2016 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2016 NF PE RVU:** 6.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.81 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2015 Medicare Utilization:** 154,761

2007 Work RVU: 1.09 **2016 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2016 NF PE RVU:** 2.93
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.09 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2015 Medicare Utilization:** 33,395

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - 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 **2015 Medicare Utilization:** 5,635

RUC Recommendation: 1.22 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2016 NF PE RVU:** 6.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 74,815

RUC Recommendation: 1.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.46 **2016 Work RVU:** 1.46
2007 NF PE RVU: 12.19 **2016 NF PE RVU:** 8.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 3,021

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2016 NF PE RVU:** 9.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 110,440

2007 Work RVU: 2.26 **2016 Work RVU:** 2.26
2007 NF PE RVU: 23.71 **2016 NF PE RVU:** 11.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72200 **Radiologic examination, sacroiliac joints; less than 3 views**

Global: **Issue:** **Screen:** CNS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72202 **Radiologic examination, sacroiliac joints; 3 or more views**

Global: **Issue:** **Screen:** CNS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 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: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 121,225

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.60
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2015 Medicare Utilization:** 1,424

2007 Work RVU: 0.91 **2016 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.91

Referred to CPT October 2013

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2013 **2015 Medicare Utilization:** 242

2007 Work RVU: 0.91 **2016 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2016 NF PE RVU:** 1.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.91

Referred to CPT October 2013

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 6,445

2007 Work RVU: 0.83 **2016 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2016 NF PE RVU:** 1.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.83

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2015 Medicare Utilization:** 1,248

2007 Work RVU: 1.33 **2016 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2016 NF PE RVU:** 2.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.33

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS

First Identified: October 2009 **2015 Medicare Utilization:** 78,497

2007 Work RVU: 0.76 **2016 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2016 NF PE RVU:** 2.45
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 2,484,455

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013

2015 Medicare Utilization: 349,726

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16

2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.63

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73070 **Radiologic examination, elbow; 2 views**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016

2015 Medicare Utilization: 234,717

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

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2009

2015 Medicare Utilization: 355,166

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17

2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.68

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 231,480

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

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Result:

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 **2015 Medicare Utilization:** 327,400

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2016 NF PE RVU:** 0.64
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 981,972

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 282,043

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 1,085,017

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2016 NF PE RVU:** 0.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 357,502

2007 Work RVU: 0.13 **2016 Work RVU:** 0.13
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.73
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2015 Medicare Utilization:** 91,847

2007 Work RVU: 1.09 **2016 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2016 NF PE RVU:** 3.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 15,237

2007 Work RVU: 1.16 **2016 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2016 NF PE RVU:** 5.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 1,855

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2016 NF PE RVU:** 6.49
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 4,031

2007 Work RVU: 1.81 **2016 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2016 NF PE RVU:** 7.26
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)** **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2015 Medicare Utilization:** 32,253

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2016 NF PE RVU:** 8.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 434,484

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2016 NF PE RVU:** 5.18
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2015 Medicare Utilization:** 529,563

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.52 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 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

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 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

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 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

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2015 Medicare Utilization:** 2,484,993

2007 Work RVU: 0.21 **2016 Work RVU:**
2007 NF PE RVU: 0.67 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 376,604

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.76 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.22
2007 NF PE RVU: **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views**

Global: 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.29
2007 NF PE RVU: **2016 NF PE RVU:** 1.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.31
2007 NF PE RVU: **2016 NF PE RVU:** 1.25
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2015 Medicare Utilization:** 186

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 574,206

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

73551 **Radiologic examination, femur; 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.16
2007 NF PE RVU: **2016 NF PE RVU:** 0.60
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.18
2007 NF PE RVU: **2016 NF PE RVU:** 0.71
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2015 Medicare Utilization:** 1,997,300

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2015 Medicare Utilization:** 2,199,949

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2015 Medicare Utilization:** 1,340,479

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2016 NF PE RVU:** 0.87
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2015 Medicare Utilization:** 298,179

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 37,451

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2016 NF PE RVU:** 2.65
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW Oct 2015. CPT Assistant Article published June 2012.

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2015 Medicare Utilization:** 491,688

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.62
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2015 Medicare Utilization:** 265,096

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2015 Medicare Utilization:** 1,239,249

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2015 Medicare Utilization:** 708,536

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2015 Medicare Utilization:** 2,527,621

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73650 **Radiologic examination; calcaneus, minimum of 2 views**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 101,846

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 0.58
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 117,823

2007 Work RVU: 0.13 **2016 Work RVU:** 0.13
2007 NF PE RVU: 0.5 **2016 NF PE RVU:** 0.64
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey April 2017 (may crosswalk with Research approval)

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2015 Medicare Utilization:** 242,735

2007 Work RVU: 1.09 **2016 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2016 NF PE RVU:** 3.96
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.09

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009 **2015 Medicare Utilization:** 35,258

2007 Work RVU: 1.16 **2016 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2016 NF PE RVU:** 5.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2015 Medicare Utilization:** 4,486

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2016 NF PE RVU:** 6.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2015 Medicare Utilization:** 13,921

2007 Work RVU: 1.90 **2016 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2016 NF PE RVU:** 7.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 123,794

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2016 NF PE RVU:** 8.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 1,662

2007 Work RVU: 1.62 **2016 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2016 NF PE RVU:** 9.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2015 Medicare Utilization:** 55,346

2007 Work RVU: 2.15 **2016 Work RVU:** 2.15
2007 NF PE RVU: 23.7 **2016 NF PE RVU:** 11.81
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **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: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2015 Medicare Utilization:** 628,830

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2016 NF PE RVU:** 5.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2015 Medicare Utilization:** 2,091,433

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 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 35,644

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 620,850

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74022 **Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 546,878

2007 Work RVU: 0.32 **2016 Work RVU:** 0.32
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 0.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.32 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

740X1

Global: **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:** February 2016 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

740X2

Global: **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: February 2016 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.23

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

740X3

Global: **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: February 2016 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.27

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2015 Medicare Utilization:** 95,449

2007 Work RVU: 1.19 **2016 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2016 NF PE RVU:** 2.93
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2015 Medicare Utilization:** 127,005

RUC Recommendation: 0.42

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27

2007 NF PE RVU: 7.53 **2016 NF PE RVU:** 5.12

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

Result: Maintain

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2015 Medicare Utilization:** 105,898

RUC Recommendation: 1.40

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.40 **2016 Work RVU:** 1.40

2007 NF PE RVU: 9.6 **2016 NF PE RVU:** 5.87

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

Result: Maintain

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: **2015 Medicare Utilization:** 179,474

RUC Recommendation: 2.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 44,269

RUC Recommendation: 1.82

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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: October 2009 **2015 Medicare Utilization:** 2,196,319

RUC Recommendation: 1.74

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Result: Decrease

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: October 2009 **2015 Medicare Utilization:** 2,688,692

RUC Recommendation: 1.82

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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: October 2009 **2015 Medicare Utilization:** 552,492

RUC Recommendation: 2.01

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Result: Decrease

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2015 Medicare Utilization:** 108,309

RUC Recommendation: 1.46

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Result: Maintain

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2015 Medicare Utilization:** 5,165

RUC Recommendation: 1.73

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73

2007 NF PE RVU: 14.63 **2016 NF PE RVU:** 10.89

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 242,329

2007 Work RVU: 2.26 **2016 Work RVU:** 2.26
2007 NF PE RVU: 23.72 **2016 NF PE RVU:** 11.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74210 **Radiologic examination; pharynx and/or cervical esophagus**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 2,337

2007 Work RVU: 0.36 **2016 Work RVU:** 0.36
2007 NF PE RVU: 1.4 **2016 NF PE RVU:** 1.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74220 **Radiologic examination; esophagus**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 194,633

2007 Work RVU: 0.46 **2016 Work RVU:** 0.46
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 1.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** Swallowing Function **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2015 Medicare Utilization:** 353,741

2007 Work RVU: 0.53 **2016 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2016 NF PE RVU:** 3.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.53. Survey for April 2017 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2015 Medicare Utilization:** 25,062

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2016 NF PE RVU:** 3.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2015 Medicare Utilization:** 15,728

2007 Work RVU: 0.99 **2016 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2016 NF PE RVU:** 4.91
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 16,149

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 4,576

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 3 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 313

2007 Work RVU: 0.70 **2016 Work RVU:**
2007 NF PE RVU: 2.19 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 11,652

2007 Work RVU: 0.49 **2016 Work RVU:** 0.49
2007 NF PE RVU: 2 **2016 NF PE RVU:** 2.54
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 155,528

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 31,287

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey October 2018

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 23,455

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 3.69 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 14,087

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 3.69 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC

First Identified: May 2013 **2015 Medicare Utilization:** 44,026

2007 Work RVU: **2016 Work RVU:** 2.40
2007 NF PE RVU: **2016 NF PE RVU:** 9.20
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2015 Medicare Utilization:** 93,812

2007 Work RVU: 2.40 **2016 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2016 NF PE RVU:** 8.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:**

2007 Work RVU: 1.49 **2016 Work RVU:**
2007 NF PE RVU: 10.66 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 1.66 **2016 Work RVU:**
2007 NF PE RVU: 11.08 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:**

2007 Work RVU: 1.66 **2016 Work RVU:**
2007 NF PE RVU: 10.96 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 144,151

2007 Work RVU: 1.14 **2016 Work RVU:** 1.14
2007 NF PE RVU: 10.72 **2016 NF PE RVU:** 3.32
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75 and review utilization in October 2018 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 82,045

2007 Work RVU: 1.31 **2016 Work RVU:** 1.31
2007 NF PE RVU: 10.96 **2016 NF PE RVU:** 3.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.14 **2016 Work RVU:**
2007 NF PE RVU: 10.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.49 **2016 Work RVU:**
2007 NF PE RVU: 11.15 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.84 **2016 Work RVU:**
2007 NF PE RVU: 2.2 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2015 Medicare Utilization:** 16,928

2007 Work RVU: **2016 Work RVU:** 1.71
2007 NF PE RVU: **2016 NF PE RVU:** 7.18
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2015 Medicare Utilization:** 383

2007 Work RVU: 1.44 **2016 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2016 NF PE RVU:** 2.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2015 Medicare Utilization:** 545

2007 Work RVU: 1.44 **2016 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2016 NF PE RVU:** 2.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 7,161

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization October 2018

Referred to CPT RAW will assess Oct 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 4,924

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2015 Medicare Utilization:** 12,485

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization data Oct 2018. Carrier Price.

Referred to CPT February 2014 February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation** **Global:** XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel** **Global:** XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2015 Medicare Utilization:** 10,388

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2015 Medicare Utilization:** 11,399

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2015 Medicare Utilization:** 17,062

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2015 Medicare Utilization:** 11,808

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 663

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 4.24 **2016 Work RVU:**
2007 NF PE RVU: 9.99 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2015 Medicare Utilization:** 49,144

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2016 NF PE RVU:** 3.33
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 1,110

2007 Work RVU: 0.36 **2016 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2016 NF PE RVU:** 2.07
2007 Fac PE RVU: 6.96 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2015 Medicare Utilization:** 2,077

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2015 Medicare Utilization:** 207

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 275,942

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2015 Medicare Utilization:** 1,912

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2015 Medicare Utilization:** 4,996

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2015 Medicare Utilization:** 65,846

2007 Work RVU: 0.72 **2016 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2016 NF PE RVU:** 2.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization data October 2018

Referred to CPT RAW will assess Oct 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)** **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 123,131

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2016 NF PE RVU:** 1.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)**

Global: **Issue:** **Screen:** CNS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 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: **Referred to CPT** **Result:**
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 **2015 Medicare Utilization:** 5,271

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2016 NF PE RVU:** 1.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2015 Medicare Utilization:** 19

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 3.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2015 Medicare Utilization:** 1,412

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2016 NF PE RVU:** 4.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2015 Medicare Utilization:** 16,293

2007 Work RVU: 1.55 **2016 Work RVU:** 1.55
2007 NF PE RVU: 2.73 **2016 NF PE RVU:** 3.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2015 Medicare Utilization:** 5,447

2007 Work RVU: 0.94 **2016 Work RVU:** 0.94
2007 NF PE RVU: 2.17 **2016 NF PE RVU:** 1.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2015 Medicare Utilization:** 197,357

2007 Work RVU: 0.94 **2016 Work RVU:** 0.94
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 1.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy**

Global: XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2015 Medicare Utilization:** 27,190

2007 Work RVU: 0.66 **2016 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 2.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.66 and CPT Assistant article published **Referred to CPT** May 2008 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2015 Medicare Utilization:** 4,162

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.39 **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2015 Medicare Utilization:** 330,649

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2016 NF PE RVU:** 1.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2015 Medicare Utilization:** 798,297

2007 Work RVU: 0.56 **2016 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2016 NF PE RVU:** 2.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2015 Medicare Utilization:** 473,545

2007 Work RVU: **2016 Work RVU:** 0.73
2007 NF PE RVU: **2016 NF PE RVU:** 2.26
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2015 Medicare Utilization:** 722,205

2007 Work RVU: **2016 Work RVU:** 0.68
2007 NF PE RVU: **2016 NF PE RVU:** 1.77
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2015 Medicare Utilization:** 996,372

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2016 NF PE RVU:** 2.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2015 Medicare Utilization:** 1,029,102

2007 Work RVU: 0.59 **2016 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2016 NF PE RVU:** 1.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)**

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.55 and refer to CPT Assistant **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2015 Medicare Utilization:** 1,250,695

2007 Work RVU: 0.74 **2016 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2016 NF PE RVU:** 2.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2015 Medicare Utilization:** 658,095

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2016 NF PE RVU:** 1.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.58 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2015 Medicare Utilization:** 12,517

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2016 NF PE RVU:** 1.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2015 Medicare Utilization:** 456,761

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2015 Medicare Utilization:** 497,466

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2016 NF PE RVU:** 2.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2015 Medicare Utilization:** 223,865

2007 Work RVU: 0.38 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 132,864

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

RUC Recommendation: Survey for April 2017

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2015 Medicare Utilization:** 196,410

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.59 **2016 Work RVU:**
2007 NF PE RVU: 1.97 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2015 Medicare Utilization:** 187,406

2007 Work RVU: **2016 Work RVU:** 0.63
2007 NF PE RVU: **2016 NF PE RVU:** 2.59
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Review PE only for January 2017, Refer to CPT and RAW review in Oct 2019.

Referred to CPT CPT 2019 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2015 Medicare Utilization:** 242,285

2007 Work RVU: **2016 Work RVU:** 0.49
2007 NF PE RVU: **2016 NF PE RVU:** 0.49
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Review PE only for January 2017, Refer to CPT and RAW review in Oct 2019.

Referred to CPT CPT 2019 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2015 Medicare Utilization:** 2,104

2007 Work RVU: 0.67 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.67

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2015 Medicare Utilization:** 1,252

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2015 Medicare Utilization:** 1,101

2007 Work RVU: 1.99 **2016 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2016 NF PE RVU:** 5.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2015 Medicare Utilization:** 1,378

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2015 Medicare Utilization:** 1,168,389

2007 Work RVU: 0.67 **2016 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2016 NF PE RVU:** 1.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization at the RAW. 0.67 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2015 Medicare Utilization:** 6

2007 Work RVU: 0.38 **2016 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2016 NF PE RVU:** 1.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.58 **2016 Work RVU:**
2007 NF PE RVU: 1.43 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2015 Medicare Utilization:** 5,971

2007 Work RVU: 1.34 **2016 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2016 NF PE RVU:** 1.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2015 Medicare Utilization:** 24,204

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2015 Medicare Utilization:** 433,057

2007 Work RVU: 0.38 **2016 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2016 NF PE RVU:** 1.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:** 435,617

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 paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

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 **2015 Medicare Utilization:** 373,473

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

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2015 Medicare Utilization:** 4,725

2007 Work RVU: 1.21 **2016 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2016 NF PE RVU:** 4.98
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 197,107

2007 Work RVU: 1.16 **2016 Work RVU:** 1.16
2007 NF PE RVU: 7.02 **2016 NF PE RVU:** 2.26
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2015 Medicare Utilization:** 1,543,628

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2016 NF PE RVU:** 2.42
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Maintain current value **Referred to CPT** September 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 1.59 **2016 Work RVU:**
2007 NF PE RVU: 6.19 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.56 **2016 Work RVU:**
2007 NF PE RVU: 1.26 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: **2015 Medicare Utilization:** 1,023,214

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

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

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2015 Medicare Utilization:** 5,373,822

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77055 **Mammography; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2015 Medicare Utilization:** 25,402

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 1.34 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77056 **Mammography; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2015 Medicare Utilization:** 20,918

2007 Work RVU: 0.87 **2016 Work RVU:** 0.87
2007 NF PE RVU: 1.68 **2016 NF PE RVU:** 2.32
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:** 147,504

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: October 2016 **Tab** 24 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 2,186

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: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral** **Global:** XXX **Issue:** MRI Breast **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 24 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2015 Medicare Utilization:** 70,806

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: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2015 Medicare Utilization:**

2007 Work RVU: 0.22 **2016 Work RVU:**
2007 NF PE RVU: 2.45 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2015 Medicare Utilization:** 2,161,911

2007 Work RVU: 0.20 **2016 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2016 NF PE RVU:** 0.94
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2015 Medicare Utilization:**

2007 Work RVU: 0.20 **2016 Work RVU:**
2007 NF PE RVU: 0.71 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2015 Medicare Utilization:** 127,894

2007 Work RVU: **2016 Work RVU:** 0.30
2007 NF PE RVU: **2016 NF PE RVU:** 1.24
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2015 Medicare Utilization:** 3,688

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2015 Medicare Utilization:** 10,932

2007 Work RVU: 1.39 **2016 Work RVU:** 1.39
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.51 **2016 Fac PE RVU:** 0.66

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
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 **2015 Medicare Utilization:** 4,707

2007 Work RVU: 2.11 **2016 Work RVU:** 2.11
2007 NF PE RVU: 0.74 **2016 NF PE RVU:** 0.94
2007 Fac PE RVU: 0.74 **2016 Fac PE RVU:** 0.94

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 275,220

2007 Work RVU: 3.14 **2016 Work RVU:** 3.14
2007 NF PE RVU: 1.1 **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.31

RUC Recommendation: 3.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 310,477

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2016 NF PE RVU:** 6.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 2,920

2007 Work RVU: 1.05 **2016 Work RVU:** 1.05

2007 NF PE RVU: 6.45 **2016 NF PE RVU:** 11.05

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.05

Referred to CPT October 2012

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2015 Medicare Utilization:** 297,189

2007 Work RVU: 1.56 **2016 Work RVU:** 1.56

2007 NF PE RVU: 8.63 **2016 NF PE RVU:** 12.88

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.56

Referred to CPT October 2012

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: **2015 Medicare Utilization:** 16,853

2007 Work RVU: **2016 Work RVU:** 2.00

2007 NF PE RVU: **2016 NF PE RVU:** 11.03

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.00

Referred to CPT October 2012

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2015 Medicare Utilization:** 144,625

2007 Work RVU: 4.56 **2016 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2016 NF PE RVU:** 9.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2015 Medicare Utilization:** 1,485,402

2007 Work RVU: 0.62 **2016 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2016 NF PE RVU:** 1.22
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.62

Referred to CPT February 2014, October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2015 Medicare Utilization:** 107,940

2007 Work RVU: 7.99 **2016 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2016 NF PE RVU:** 46.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** 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 RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 4,036

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 2.73
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 56,587

2007 Work RVU: **2016 Work RVU:** 2.90
2007 NF PE RVU: **2016 NF PE RVU:** 5.09
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.05 **2016 Work RVU:**
2007 NF PE RVU: 2.32 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.56 **2016 Work RVU:**
2007 NF PE RVU: 2.9 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2015 Medicare Utilization:** 5,840

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 3.83
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 2,706

2007 Work RVU: **2016 Work RVU:** 1.83
2007 NF PE RVU: **2016 NF PE RVU:** 4.97
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 7,343

2007 Work RVU: **2016 Work RVU:** 2.90
2007 NF PE RVU: **2016 NF PE RVU:** 6.92
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 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:**

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

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2015 Medicare Utilization:** 82,625

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2015 Medicare Utilization:** 11,421

2007 Work RVU: 0.84 **2016 Work RVU:** 0.84
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2015 Medicare Utilization:** 867,565

2007 Work RVU: 1.24 **2016 Work RVU:** 1.24
2007 NF PE RVU: 3.43 **2016 NF PE RVU:** 3.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2015 Medicare Utilization:** 439,795

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2016 NF PE RVU:** 2.17
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: October 2012 **2015 Medicare Utilization:** 128,446

2007 Work RVU: **2016 Work RVU:** 4.29

2007 NF PE RVU: **2016 NF PE RVU:** 9.79

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO

First Identified: NA **2015 Medicare Utilization:** 62

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00

2007 NF PE RVU: 30.25 **2016 NF PE RVU:** 0.00

2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: **2015 Medicare Utilization:** 869

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00

2007 NF PE RVU: 22.93 **2016 NF PE RVU:** 30.09

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2015 Medicare Utilization:** 19,949

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2016 NF PE RVU:** 38.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77387 **Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.58 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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 Feburary 2014 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.68 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.68 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 16.8 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.39 **2016 Work RVU:**
2007 NF PE RVU: 3.11 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 4.58 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

77423 **High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007 **2015 Medicare Utilization:** 1,077,793

2007 Work RVU: 3.70 **2016 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.63
2007 Fac PE RVU: 1.15 **2016 Fac PE RVU:** 1.63

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: October 2016 **2015 Medicare Utilization:** 23,717

2007 Work RVU: 13.00 **2016 Work RVU:** 11.87
2007 NF PE RVU: 4.63 **2016 NF PE RVU:** 5.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 5.05

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 41 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2015 Medicare Utilization:** 99,912

2007 Work RVU: 2.09 **2016 Work RVU:** 2.09
2007 NF PE RVU: 9.35 **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: October 2016 **2015 Medicare Utilization:** 39,589

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: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2012 **2015 Medicare Utilization:** 2,927

2007 Work RVU: 1.56 **2016 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2016 NF PE RVU:** 10.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2015 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: 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 **2015 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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 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 ☐ **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 **2015 Medicare Utilization:** 44

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 ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2015 Medicare Utilization:** 48

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 4,932

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 2.04 **2016 Work RVU:**
2007 NF PE RVU: 18.94 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 5.15 **2016 Work RVU:**
2007 NF PE RVU: 28.04 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 21,888

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** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2015 Medicare Utilization:** 29,320

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** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2015 Medicare Utilization:** 6,370

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** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source** **Global:** XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2015 Medicare Utilization:** 4,298

2007 Work RVU: 1.05 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination** **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.19 **2016 Work RVU:**
2007 NF PE RVU: 1.21 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 1.59 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.33 **2016 Work RVU:**
2007 NF PE RVU: 1.26 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.49 **2016 Work RVU:**
2007 NF PE RVU: 3.38 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2015 Medicare Utilization:**

2007 Work RVU: 0.50 **2016 Work RVU:**
2007 NF PE RVU: 2.76 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:**

2007 Work RVU: 0.39 **2016 Work RVU:**
2007 NF PE RVU: 2.45 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.45 **2016 Work RVU:**
2007 NF PE RVU: 2.99 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:** 3,381

2007 Work RVU: **2016 Work RVU:** 0.19
2007 NF PE RVU: **2016 NF PE RVU:** 2.08
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:** 3,008

2007 Work RVU: **2016 Work RVU:** 0.37
2007 NF PE RVU: **2016 NF PE RVU:** 5.12
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2015 Medicare Utilization:** 27,622

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 6.46
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2015 Medicare Utilization:** 16,045

2007 Work RVU: 0.82 **2016 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2016 NF PE RVU:** 7.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80. Refer to CPT Assistant and review 2 years after article is published. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article to be submitted by Oct 2016

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 **2015 Medicare Utilization:** 9,083

2007 Work RVU: **2016 Work RVU:** 1.20
2007 NF PE RVU: **2016 NF PE RVU:** 9.10
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20. Refer to CPT Assistant and review 2 years after article is published. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article to be submitted by Oct 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2015 Medicare Utilization:** 6,963

2007 Work RVU: **2016 Work RVU:** 1.60
2007 NF PE RVU: **2016 NF PE RVU:** 10.30
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.60. Refer to CPT Assistant and review 2 years after article is published.

Referred to CPT **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article to be submitted by Oct 2016

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.84 **2016 Work RVU:**
2007 NF PE RVU: 4.95 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2015 Medicare Utilization:** 62,489

2007 Work RVU: **2016 Work RVU:** 0.74
2007 NF PE RVU: **2016 NF PE RVU:** 8.82
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74

Referred to CPT **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2015 Medicare Utilization:** 83,528

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 12.10
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: 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 **2015 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

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
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 **2015 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

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

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 **2015 Medicare Utilization:** 34,502

2007 Work RVU: 0.99 **2016 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2016 NF PE RVU:** 9.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 12,208

2007 Work RVU: 0.62 **2016 Work RVU:** 0.62
2007 NF PE RVU: 3 **2016 NF PE RVU:** 4.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 2,387

2007 Work RVU: 0.83 **2016 Work RVU:** 0.83
2007 NF PE RVU: 4.24 **2016 NF PE RVU:** 5.81
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 293,063

2007 Work RVU: 0.86 **2016 Work RVU:** 0.86
2007 NF PE RVU: 4.84 **2016 NF PE RVU:** 6.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2015 Medicare Utilization:** 40,383

2007 Work RVU: **2016 Work RVU:** 1.38
2007 NF PE RVU: **2016 NF PE RVU:** 8.42
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2015 Medicare Utilization:** 1,979,900

2007 Work RVU: **2016 Work RVU:** 1.62
2007 NF PE RVU: **2016 NF PE RVU:** 11.99
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2015 Medicare Utilization:** 1,618

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 7.74
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2015 Medicare Utilization:** 11,854

2007 Work RVU: **2016 Work RVU:** 1.34
2007 NF PE RVU: **2016 NF PE RVU:** 11.24
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.86 **2016 Work RVU:**
2007 NF PE RVU: 3.1 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 1.23 **2016 Work RVU:**
2007 NF PE RVU: 4.81 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 1.09 **2016 Work RVU:**
2007 NF PE RVU: 7.03 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.46 **2016 Work RVU:**
2007 NF PE RVU: 12.08 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2015 Medicare Utilization:** 29,198

2007 Work RVU: 0.98 **2016 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2016 NF PE RVU:** 5.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.50 **2016 Work RVU:**
2007 NF PE RVU: 1.54 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.30 **2016 Work RVU:**
2007 NF PE RVU: 1.51 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 106,327

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2015 Medicare Utilization:** 1,479

2007 Work RVU: **2016 Work RVU:** 0.49
2007 NF PE RVU: **2016 NF PE RVU:** 4.88
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2015 Medicare Utilization:** 16,477

2007 Work RVU: 0.74 **2016 Work RVU:** 0.74

2007 NF PE RVU: 3.97 **2016 NF PE RVU:** 6.15

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 213,059

2007 Work RVU: **2016 Work RVU:** 1.07

2007 NF PE RVU: **2016 NF PE RVU:** 8.57

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.07

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.99 **2016 Work RVU:**

2007 NF PE RVU: 3.34 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 1.09 **2016 Work RVU:**

2007 NF PE RVU: 6.53 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.40 **2016 Work RVU:**
2007 NF PE RVU: 3.02 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.49 **2016 Work RVU:**
2007 NF PE RVU: 3.51 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.09 **2016 Work RVU:**
2007 NF PE RVU: 4.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.40 **2016 Work RVU:**
2007 NF PE RVU: 3.21 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.49 **2016 Work RVU:**
2007 NF PE RVU: 3.84 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.53 **2016 Work RVU:**
2007 NF PE RVU: 5.12 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 1.27 **2016 Work RVU:**
2007 NF PE RVU: 7.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2015 Medicare Utilization:** 1,674

2007 Work RVU: **2016 Work RVU:** 0.75
2007 NF PE RVU: **2016 NF PE RVU:** 5.06
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 3,964

2007 Work RVU: **2016 Work RVU:** 0.85
2007 NF PE RVU: **2016 NF PE RVU:** 7.99
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**

Global: XXX **Issue:** RAW **Screen:** CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2015 Medicare Utilization:** 9,169

2007 Work RVU: 1.09 **2016 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2016 NF PE RVU:** 8.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article to be submitted by Oct 2016

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2015 Medicare Utilization:** 516,002

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009

2015 Medicare Utilization: 8,609

2007 Work RVU: 1.96 **2016 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2016 NF PE RVU:** 2.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Article published Feb 2012

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

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** 35 **Specialty Developing Recommendation:**

First Identified: April 2016

2015 Medicare Utilization: 166,871

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: Survey for April 2017

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

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** 35 **Specialty Developing Recommendation:**

First Identified: April 2016

2015 Medicare Utilization: 138,314

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: Survey for April 2017

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2015 Medicare Utilization:** 83,305

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

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2015 Medicare Utilization:** 6,392

2007 Work RVU: 0.56 **2016 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2016 NF PE RVU:** 1.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 1.66 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2015 Medicare Utilization:** 272,357

2007 Work RVU: 0.56 **2016 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2016 NF PE RVU:** 1.58
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: September 2011 **2015 Medicare Utilization:** 947,018

2007 Work RVU: 1.18 **2016 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: November 2012 **2015 Medicare Utilization:** 67,628

2007 Work RVU: **2016 Work RVU:** 1.20
2007 NF PE RVU: **2016 NF PE RVU:** 16.61
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: November 2012 **2015 Medicare Utilization:** 43,259

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 14.55
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

Referred to CPT
Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2015 Medicare Utilization:** 9,125

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 1.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2015 Medicare Utilization:** 6,095

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2015 Medicare Utilization:** 3,496

2007 Work RVU: 0.76 **2016 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2016 NF PE RVU:** 2.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2015 Medicare Utilization:** 89,592

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2016 NF PE RVU:** 2.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2015 Medicare Utilization:** 1,801,769

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 1.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2015 Medicare Utilization:** 37,703

2007 Work RVU: 1.36 **2016 Work RVU:** 1.36
2007 NF PE RVU: 0.44 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: 0.44 **2016 Fac PE RVU:** 0.61

RUC Recommendation: 0.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 30,469

2007 Work RVU: 1.69 **2016 Work RVU:** 1.69
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.81

RUC Recommendation: 1.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 189,912

2007 Work RVU: 2.23 **2016 Work RVU:** 2.23
2007 NF PE RVU: 0.68 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: 0.68 **2016 Fac PE RVU:** 0.86

RUC Recommendation: 1.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2015 Medicare Utilization:** 215,673

2007 Work RVU: 0.08 **2016 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - 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 **2015 Medicare Utilization:** 87,066

2007 Work RVU: 0.13 **2016 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2016 NF PE RVU:** 0.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - 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 **2015 Medicare Utilization:** 1,007,389

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2016 NF PE RVU:** 1.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2015 Medicare Utilization:** 16,288,176

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 1.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2015 Medicare Utilization:** 926,039

2007 Work RVU: 1.59 **2016 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2016 NF PE RVU:** 7.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- 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 **2015 Medicare Utilization:** 151,668

2007 Work RVU: 2.80 **2016 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2016 NF PE RVU:** 10.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2015 Medicare Utilization:** 1,434,413

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2016 NF PE RVU:** 2.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2015 Medicare Utilization:** 1,505,967

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.24 **2016 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2015 Medicare Utilization:** 19,674

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2016 NF PE RVU:** 1.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.42 **2016 Work RVU:**
2007 NF PE RVU: 1.98 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2015 Medicare Utilization:** 15,982

2007 Work RVU: 0.53 **2016 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2015 Medicare Utilization:** 181,420

2007 Work RVU: 1.63 **2016 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2016 NF PE RVU:** 1.18
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.74

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2015 Medicare Utilization:** 35,128

2007 Work RVU: 1.83 **2016 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2016 NF PE RVU:** 2.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2015 Medicare Utilization:** 8,123

RUC Recommendation: 2.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 31,676

RUC Recommendation: 0.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 515,568

RUC Recommendation: 1.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 178,467

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 62,953

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.60
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
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 **2015 Medicare Utilization:** 29,701

2007 Work RVU: 0.73 **2016 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2015 Medicare Utilization:** 2,516,400

2007 Work RVU: **2016 Work RVU:** 0.53
2007 NF PE RVU: **2016 NF PE RVU:** 1.99
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2015 Medicare Utilization:** 1,738,929

2007 Work RVU: 0.85 **2016 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2016 NF PE RVU:** 2.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2015 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** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2015 Medicare Utilization:** 74,919

2007 Work RVU: **2016 Work RVU:** 0.77
2007 NF PE RVU: **2016 NF PE RVU:** 4.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2015 Medicare Utilization:** 269,993

2007 Work RVU: 0.86 **2016 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2016 NF PE RVU:** 1.85
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2015 Medicare Utilization:** 19,635

2007 Work RVU: 0.86 **2016 Work RVU:**
2007 NF PE RVU: 1.28 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2015 Medicare Utilization:** 15,428

2007 Work RVU: 1.51 **2016 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2016 NF PE RVU:** 8.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

88349 **Electron microscopy; scanning** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2015 Medicare Utilization:**

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 4.88 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: 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 **2015 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

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2015 Medicare Utilization:** 15,158

2007 Work RVU: 3.02 **2016 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2016 NF PE RVU:** 2.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2015 Medicare Utilization:** 341,102

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.87 **2016 NF PE RVU:** 2.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease
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 **2015 Medicare Utilization:** 146,605

2007 Work RVU: 1.18 **2016 Work RVU:** 1.18
2007 NF PE RVU: 2.94 **2016 NF PE RVU:** 2.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2015 Medicare Utilization:** 16,254

2007 Work RVU: **2016 Work RVU:** 0.67
2007 NF PE RVU: **2016 NF PE RVU:** 3.07
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2015 Medicare Utilization:** 36,846

2007 Work RVU: 1.20 **2016 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2016 NF PE RVU:** 4.07
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2015 Medicare Utilization:** 864

2007 Work RVU: **2016 Work RVU:** 1.24
2007 NF PE RVU: **2016 NF PE RVU:** 6.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2015 Medicare Utilization:** 13,117

2007 Work RVU: 1.30 **2016 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2016 NF PE RVU:** 2.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2015 Medicare Utilization:** 32,124

2007 Work RVU: 1.40 **2016 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2016 NF PE RVU:** 2.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88369 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2015 Medicare Utilization:** 20,109

2007 Work RVU: **2016 Work RVU:** 0.67
2007 NF PE RVU: **2016 NF PE RVU:** 2.34
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2015 Medicare Utilization:** 11,644

2007 Work RVU: **2016 Work RVU:** 0.43
2007 NF PE RVU: **2016 NF PE RVU:** 1.66
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2015 Medicare Utilization:** 93,349

2007 Work RVU: **2016 Work RVU:** 0.93
2007 NF PE RVU: **2016 NF PE RVU:** 8.70
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2015 Medicare Utilization:** 129,627

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 10.06
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2015 Medicare Utilization:**

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.35 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2015 Medicare Utilization:**

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.17 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.09 **2016 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2015 Medicare Utilization:** 352,698

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2015 Medicare Utilization:** 27,147

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: 0.11 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2015 Medicare Utilization:** 14

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2015 Medicare Utilization:**

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2015 Medicare Utilization:** 294,192

2007 Work RVU: **2016 Work RVU:** 0.33
2007 NF PE RVU: **2016 NF PE RVU:** 0.05
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.05

RUC Recommendation: 0.33

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2015 Medicare Utilization:** 886,613

2007 Work RVU: **2016 Work RVU:** 3.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.58
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.47

RUC Recommendation: 3.00

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2015 Medicare Utilization:** 558,794

2007 Work RVU: **2016 Work RVU:** 3.25
2007 NF PE RVU: **2016 NF PE RVU:** 0.70
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.58

RUC Recommendation: 3.25

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2015 Medicare Utilization:**

2007 Work RVU: 2.80 **2016 Work RVU:**
2007 NF PE RVU: 1.25 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.85 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 1.37 **2016 Work RVU:**
2007 NF PE RVU: 0.53 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 1.86 **2016 Work RVU:**
2007 NF PE RVU: 0.66 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.53 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 2.79 **2016 Work RVU:**
2007 NF PE RVU: 0.94 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.8 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:**

2007 Work RVU: 1.89 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90832 **Psychotherapy, 30 minutes with patient**

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 **2015 Medicare Utilization:** 2,231,938

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.22

RUC Recommendation: 1.50

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90833 **Psychotherapy, 30 minutes with patient 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 **2015 Medicare Utilization:** 1,292,890

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.27

RUC Recommendation: 1.50

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90834 **Psychotherapy, 45 minutes with patient**

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 **2015 Medicare Utilization:** 5,456,436

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.29

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient 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 **2015 Medicare Utilization:** 583,525

2007 Work RVU: **2016 Work RVU:** 1.90
2007 NF PE RVU: **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

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 **2015 Medicare Utilization:** 4,588,252

2007 Work RVU: **2016 Work RVU:** 3.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.46
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.44

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90838 **Psychotherapy, 60 minutes with patient 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 **2015 Medicare Utilization:** 104,415

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 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015 Medicare Utilization:** 15,361

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 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015 Medicare Utilization:** 4,664

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 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90845 **Psychoanalysis** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2015 Medicare Utilization:** 5,169

2007 Work RVU: 1.79 **2016 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes** **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 **2015 Medicare Utilization:** 23,330

2007 Work RVU: 1.83 **2016 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes** **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 **2015 Medicare Utilization:** 192,835

2007 Work RVU: 2.21 **2016 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.69 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015 Medicare Utilization:** 990,757

2007 Work RVU: 0.59 **2016 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2016 NF PE RVU:** 0.11
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 0.95 **2016 Work RVU:**
2007 NF PE RVU: 0.46 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.48

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2015 Medicare Utilization:** 140,124

2007 Work RVU: 1.88 **2016 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2016 NF PE RVU:** 2.39
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.52

RUC Recommendation: 2.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: October 2008

2015 Medicare Utilization: 1,165,203

2007 Work RVU: 1.22 **2016 Work RVU:** 1.48

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.48

RUC Recommendation: 1.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2015 Medicare Utilization: 59,798

2007 Work RVU: 2.11 **2016 Work RVU:** 2.11

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 0.93 **2016 Fac PE RVU:** 0.70

RUC Recommendation: 2.11

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2015 Medicare Utilization: 147,228

2007 Work RVU: 1.28 **2016 Work RVU:** 1.56

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 0.66 **2016 Fac PE RVU:** 0.77

RUC Recommendation: 1.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2015 Medicare Utilization:** 14,111

2007 Work RVU: 2.16 **2016 Work RVU:** 2.52
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.94 **2016 Fac PE RVU:** 0.83

RUC Recommendation: 2.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2015 Medicare Utilization:** 56

2007 Work RVU: **2016 Work RVU:** 18.46
2007 NF PE RVU: **2016 NF PE RVU:** 6.82
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.82

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2015 Medicare Utilization:** 16

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2015 Medicare Utilization:** 3

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 653

2007 Work RVU: **2016 Work RVU:** 15.98
2007 NF PE RVU: **2016 NF PE RVU:** 6.01
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.01

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 144

2007 Work RVU: **2016 Work RVU:** 8.79
2007 NF PE RVU: **2016 NF PE RVU:** 3.57
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.57

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 181

2007 Work RVU: **2016 Work RVU:** 5.95
2007 NF PE RVU: **2016 NF PE RVU:** 2.68
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.68

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 2,363

2007 Work RVU: **2016 Work RVU:** 12.52
2007 NF PE RVU: **2016 NF PE RVU:** 4.90
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.90

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 715

2007 Work RVU: **2016 Work RVU:** 8.34
2007 NF PE RVU: **2016 NF PE RVU:** 3.45
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.45

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2015 Medicare Utilization:** 516

2007 Work RVU: **2016 Work RVU:** 5.50
2007 NF PE RVU: **2016 NF PE RVU:** 2.52
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.52

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2015 Medicare Utilization:** 2,230,129

2007 Work RVU: **2016 Work RVU:** 5.18
2007 NF PE RVU: **2016 NF PE RVU:** 2.51
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.51

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2015 Medicare Utilization:** 709,178

2007 Work RVU: **2016 Work RVU:** 4.26
2007 NF PE RVU: **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.21

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2015 Medicare Utilization:** 203,321

2007 Work RVU: **2016 Work RVU:** 3.15
2007 NF PE RVU: **2016 NF PE RVU:** 1.85
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.85

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 239

2007 Work RVU: **2016 Work RVU:** 10.56
2007 NF PE RVU: **2016 NF PE RVU:** 4.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.15

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 937

2007 Work RVU: **2016 Work RVU:** 9.14
2007 NF PE RVU: **2016 NF PE RVU:** 3.71
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.71

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 1,610

2007 Work RVU: **2016 Work RVU:** 8.69
2007 NF PE RVU: **2016 NF PE RVU:** 3.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.55

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2015 Medicare Utilization:** 322,201

2007 Work RVU: **2016 Work RVU:** 4.26
2007 NF PE RVU: **2016 NF PE RVU:** 2.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.20

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2015 Medicare Utilization:** 3,692

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2016 NF PE RVU:** 11.53
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2015 Medicare Utilization:** 50,162

2007 Work RVU: 3.64 **2016 Work RVU:** 3.64
2007 NF PE RVU: 21.77 **2016 NF PE RVU:** 21.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2015 Medicare Utilization:** 191

2007 Work RVU: 1.00 **2016 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2016 NF PE RVU:** 19.39
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2015 Medicare Utilization:** 118

2007 Work RVU: 0.00 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0 **2016 NF PE RVU:** 3.76
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2015 Medicare Utilization:** 72

2007 Work RVU: 0.00 **2016 Work RVU:** 0.66
2007 NF PE RVU: 0 **2016 NF PE RVU:** 4.15
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2015 Medicare Utilization:** 102,308

2007 Work RVU: 0.36 **2016 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2015 Medicare Utilization:** 151,087

2007 Work RVU: 0.44 **2016 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2016 NF PE RVU:** 0.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2015 Medicare Utilization:** 2,823,687

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2016 NF PE RVU:** 1.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2015 Medicare Utilization:** 36,539

2007 Work RVU: 0.92 **2016 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2016 NF PE RVU:** 1.62
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2015 Medicare Utilization:** 2,428,097

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2015 Medicare Utilization:** 5,827,886

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.35 **2016 Work RVU:**
2007 NF PE RVU: 0.79 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 1,517,679

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2016 NF PE RVU:** 1.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2015 Medicare Utilization:** 44,516

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.97 **2016 NF PE RVU:** 1.25
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.23

RUC Recommendation: Deleted from CPT

Referred to CPT May 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 21

Specialty Developing Recommendation: AAO, ASRS

First Identified: April 2011

2015 Medicare Utilization: 1,224,709

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81

2007 NF PE RVU: 2.54 **2016 NF PE RVU:** 2.27

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting:

Tab 21

Specialty Developing Recommendation: AAO, ASRS

First Identified: January 2015

2015 Medicare Utilization: 89,683

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10

2007 NF PE RVU: 5.7 **2016 NF PE RVU:** 6.08

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 21

Specialty Developing Recommendation: AAO, ASRS

First Identified: October 2015

2015 Medicare Utilization:

2007 Work RVU: **2016 Work RVU:**

2007 NF PE RVU: **2016 NF PE RVU:**

2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.95

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

First Identified: October 2010 **2015 Medicare Utilization:** 2,934,335

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 1.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 4,333

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
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Result:

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 **2015 Medicare Utilization:** 95,358

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 February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 349,324

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:**

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2015 Medicare Utilization:** 127,507

2007 Work RVU: 0.66 **2016 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2016 NF PE RVU:** 0.65
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40

Referred to CPT October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: **2015 Medicare Utilization:** 4,558

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2016 NF PE RVU:** 3.06
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

Referred to CPT October 2011 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009 **2015 Medicare Utilization:** 218,535

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.08 **2016 Fac PE RVU:** 0.08

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified: **2015 Medicare Utilization:**

2007 Work RVU: 0.86 **2016 Work RVU:**
2007 NF PE RVU: 2.76 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.36 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT.

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015 **2015 Medicare Utilization:** 185,900

2007 Work RVU: 0.52 **2016 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified: **2015 Medicare Utilization:** 2,469

2007 Work RVU: 0.26 **2016 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.31
2007 Fac PE RVU: 0.11 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2015 Medicare Utilization:** 144

2007 Work RVU: **2016 Work RVU:** 1.75
2007 NF PE RVU: **2016 NF PE RVU:** 1.30
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2015 Medicare Utilization:** 2,451

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 1.04
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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:

2015 Medicare Utilization: 8,525

RUC Recommendation: 3.36

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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:

2015 Medicare Utilization: 11,515

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2015 Medicare Utilization: 58,462

RUC Recommendation: Review utilization

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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 **2015 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

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: 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 **2015 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

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2015 Medicare Utilization:** 88,780

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2015 Medicare Utilization:** 15,143

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2016 NF PE RVU:** 0.26
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2015 Medicare Utilization:** 31,204

2007 Work RVU: 0.33 **2016 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2015 Medicare Utilization:** 310,532

2007 Work RVU: 0.10 **2016 Work RVU:**
2007 NF PE RVU: 0.59 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2015 Medicare Utilization:** 3,669

2007 Work RVU: 0.26 **2016 Work RVU:** 0.27

2007 NF PE RVU: 0.93 **2016 NF PE RVU:** 0.18

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.27

Referred to CPT February 2009

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2015 Medicare Utilization:** 5,786

2007 Work RVU: 0.23 **2016 Work RVU:** 0.25

2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 0.16

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.25

Referred to CPT February 2009

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2015 Medicare Utilization:** 49,143

2007 Work RVU: 0.29 **2016 Work RVU:** 0.29

2007 NF PE RVU: 1.94 **2016 NF PE RVU:** 2.58

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2015 Medicare Utilization:** 33,978

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: 0.09 **2016 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2015 Medicare Utilization:** 36,631

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2016 NF PE RVU:** 2.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified: **2015 Medicare Utilization:** 264,245

2007 Work RVU: **2016 Work RVU:** 0.35
2007 NF PE RVU: **2016 NF PE RVU:** 0.23
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

First Identified: February 2008 **2015 Medicare Utilization:** 1,149,597

2007 Work RVU: 0.00 **2016 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.29

RUC Recommendation: 0.60 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: February 2011 **2015 Medicare Utilization:** 2

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.17

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

First Identified: February 2008 **2015 Medicare Utilization:** 772,249

2007 Work RVU: 0.00 **2016 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 8,899

2007 Work RVU: 0.00 **2016 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2016 NF PE RVU:** 0.14
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0.35 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2015 Medicare Utilization:** 50,326

2007 Work RVU: **2016 Work RVU:** 0.55
2007 NF PE RVU: **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2015 Medicare Utilization:** 81,636

2007 Work RVU: 0.13 **2016 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 Medicare Utilization:** 99,720

2007 Work RVU: 0.36 **2016 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 0.36
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2015 Medicare Utilization:** 2,771

2007 Work RVU: 0.86 **2016 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2016 NF PE RVU:** 0.71
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 1.75
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.79
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.67

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 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** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2015 Medicare Utilization:** 442

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** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 Medicare Utilization:** 120

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** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2015 Medicare Utilization:** 10,413

2007 Work RVU: 0.00 **2016 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2016 NF PE RVU:** 1.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 12,136

2007 Work RVU: 0.00 **2016 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2016 NF PE RVU:** 1.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.70
Result: Decrease

RUC Recommendation: Review utilization

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2015 Medicare Utilization:** 7,090

2007 Work RVU: 0.00 **2016 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2016 NF PE RVU:** 1.03
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.34 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2015 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 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 1,997

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 44

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 6,711

2007 Work RVU: 0.00 **2016 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2016 NF PE RVU:** 0.78
2007 Fac PE RVU: 1.3 **2016 Fac PE RVU:** 0.57

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 22,294

2007 Work RVU: 0.00 **2016 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2016 NF PE RVU:** 1.08
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.71

RUC Recommendation: Develop CPT Assistant article. Review October 2017 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 6,422

2007 Work RVU: 0.00 **2016 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.52 **2016 Fac PE RVU:** 0.17

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2015 Medicare Utilization:** 10

2007 Work RVU: 0.00 **2016 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2016 NF PE RVU:** 1.37
2007 Fac PE RVU: 1.4 **2016 Fac PE RVU:** 0.88

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:** 25,148

2007 Work RVU: **2016 Work RVU:** 10.10
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.42

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:** 1,635

2007 Work RVU: **2016 Work RVU:** 11.99
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.06

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:**

RUC Recommendation: 5.00

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:** 237,956

RUC Recommendation: 10.49

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 11.21
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.79
Result: Decrease

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:** 2

RUC Recommendation: 4.44

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Status Report: CMS Requests and Relativity Assessment Issues

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:** 10,692

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 12.54

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 4.23

Result: Decrease

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:**

RUC Recommendation: 5.50

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:** 20,766

RUC Recommendation: 10.49

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 11.20

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.78

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:** 48,487

2007 Work RVU: **2016 Work RVU:** 12.56
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.24

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2015 Medicare Utilization:** 7,705

2007 Work RVU: **2016 Work RVU:** 12.56
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.24

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2015 Medicare Utilization:** 165,029

2007 Work RVU: 2.25 **2016 Work RVU:** 2.25
2007 NF PE RVU: 5.83 **2016 NF PE RVU:** 3.41
2007 Fac PE RVU: 1.25 **2016 Fac PE RVU:** 1.07

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2013 **2015 Medicare Utilization:** 3,087

2007 Work RVU: 3.28 **2016 Work RVU:** 3.28
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.42 **2016 Fac PE RVU:** 1.11

RUC Recommendation: Review utilization

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 14.82 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 6.65 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 4.16 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.8 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 10.96 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.97 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 2.97 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.28 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2015 Medicare Utilization:** 3,589

2007 Work RVU: 22.70 **2016 Work RVU:** 22.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.84 **2016 Fac PE RVU:** 10.54

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 12.07 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 3.26 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.41 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2015 Medicare Utilization:** 11,442,894

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2015 Medicare Utilization:** 434,188

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2016 NF PE RVU:** 0.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2015 Medicare Utilization:** 18,924,205

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2016 NF PE RVU:** 0.06
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** 0.06

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 5.55 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.52 **2016 Work RVU:**
2007 NF PE RVU: 0.2 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 1,082,643

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2016 NF PE RVU:** 1.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 1,130,936

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2016 NF PE RVU:** 0.15
2007 Fac PE RVU: 0.19 **2016 Fac PE RVU:** 0.15

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:** 93,622

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2016 NF PE RVU:** 1.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2015 Medicare Utilization:** 1,309,978

2007 Work RVU: 0.30 **2016 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.10
2007 Fac PE RVU: 0.12 **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2015 Medicare Utilization:** 740

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2016 NF PE RVU:** 3.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2015 Medicare Utilization:** 119,439

2007 Work RVU: 0.16 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2015 Medicare Utilization:** 12,449

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2016 NF PE RVU:** 0.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2015 Medicare Utilization:** 517,383

2007 Work RVU: 0.16 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2016 NF PE RVU:** 0.04
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** 0.04

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 382,081

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2016 NF PE RVU:** 2.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 126,003

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2016 NF PE RVU:** 0.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 168,704

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2016 NF PE RVU:** 1.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 391,660

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.21
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.21

RUC Recommendation: 0.52

Referred to CPT Feburary 2010

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 97,472

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.19

RUC Recommendation: 0.52

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 171,383

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 20.39
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2015 Medicare Utilization:**

2007 Work RVU: 0.52 **2016 Work RVU:**
2007 NF PE RVU: 3.49 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 1.37 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 1.92 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.52 **2016 Work RVU:**
2007 NF PE RVU: 0.2 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:**

2007 Work RVU: 0.45 **2016 Work RVU:**
2007 NF PE RVU: 0.18 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.18 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 18,216

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2016 NF PE RVU:** 5.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 58,095

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 78,687

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2016 NF PE RVU:** 4.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2015 Medicare Utilization:** 109,601

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2016 NF PE RVU:** 0.18
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.52

Referred to CPT February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 197,867

2007 Work RVU: **2016 Work RVU:** 0.65
2007 NF PE RVU: **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.65 and Refer to CPT

Referred to CPT February 2017 EC **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 1,075,916

2007 Work RVU: **2016 Work RVU:** 0.77
2007 NF PE RVU: **2016 NF PE RVU:** 0.82
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.77 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 55,438

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 145,221

2007 Work RVU: **2016 Work RVU:** 0.85
2007 NF PE RVU: **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 280,768

2007 Work RVU: **2016 Work RVU:** 1.15
2007 NF PE RVU: **2016 NF PE RVU:** 1.10
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.15 and Refer to CPT

Referred to CPT February 2017 EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 284,382

2007 Work RVU: **2016 Work RVU:** 1.25
2007 NF PE RVU: **2016 NF PE RVU:** 1.23
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.25 and Refer to CPT

Referred to CPT February 2017 EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 22,950

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.64
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.52 and Refer to CPT

Referred to CPT February 2017 EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 12,426

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

RUC Recommendation: 0.30 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Maintain
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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 10,372

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

RUC Recommendation: 0.45 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Maintain
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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 330,227

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

RUC Recommendation: 0.43 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Maintain
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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 136,601

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: 0.75 and Refer to CPT

Referred to CPT February 2017 EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 124,018

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: 0.43 and Refer to CPT

Referred to CPT February 2017 EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 41,723

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: 0.37 and Refer to CPT

Referred to CPT February 2017 EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 1,200

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: 0.43 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Maintain
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:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 258,970

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 for January 2017 **Referred to CPT** February 2017 EC **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015 Medicare Utilization:** 629,269

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 for January 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 442,608

2007 Work RVU: **2016 Work RVU:** 1.29
2007 NF PE RVU: **2016 NF PE RVU:** 0.52
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.52

RUC Recommendation: Survey for January 2017

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 802,291

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017 EC **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 231,279

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.20

RUC Recommendation: Survey for January 2017

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93298 **Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 149,493

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.20

RUC Recommendation: Survey for January 2017

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2015 Medicare Utilization:** 204,360

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: New PE inputs and Refer to CPT

Referred to CPT February 2017 EC **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC

First Identified: July 2015 **2015 Medicare Utilization:** 7,025,217

2007 Work RVU: **2016 Work RVU:** 1.30
2007 NF PE RVU: **2016 NF PE RVU:** 5.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2015 Medicare Utilization:** 36,680

2007 Work RVU: 0.92 **2016 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2015 Medicare Utilization:** 252,380

2007 Work RVU: 0.53 **2016 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2016 NF PE RVU:** 2.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2015 Medicare Utilization:** 339,593

2007 Work RVU: 0.38 **2016 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2016 NF PE RVU:** 1.14
2007 Fac PE RVU: 1.82 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: October 2013 **2015 Medicare Utilization:** 149,332

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: 1.04 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.15

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 487,003

2007 Work RVU: 0.07 **2016 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2016 NF PE RVU:** 0.65
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.07

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008 **2015 Medicare Utilization:** 113,400

2007 Work RVU: 1.48 **2016 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2016 NF PE RVU:** 5.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2015 Medicare Utilization:** 256,755

2007 Work RVU: **2016 Work RVU:** 1.75
2007 NF PE RVU: **2016 NF PE RVU:** 5.79
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2015 Medicare Utilization:** 37,938

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 5,607

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 3,559

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 98,942

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 25,985

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 14,721

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 3,136

2007 Work RVU: **2016 Work RVU:** 6.89
2007 NF PE RVU: **2016 NF PE RVU:** 27.59
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 516,768

2007 Work RVU: **2016 Work RVU:** 5.85
2007 NF PE RVU: **2016 NF PE RVU:** 23.34
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 110,802

2007 Work RVU: **2016 Work RVU:** 6.60
2007 NF PE RVU: **2016 NF PE RVU:** 25.63
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 90,983

2007 Work RVU: **2016 Work RVU:** 7.35
2007 NF PE RVU: **2016 NF PE RVU:** 27.17
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 16,861

2007 Work RVU: **2016 Work RVU:** 8.10
2007 NF PE RVU: **2016 NF PE RVU:** 31.43
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 4,212

2007 Work RVU: **2016 Work RVU:** 3.73
2007 NF PE RVU: **2016 NF PE RVU:** 1.47
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.47

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 6,888

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.68

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 808

2007 Work RVU: **2016 Work RVU:** 1.80
2007 NF PE RVU: **2016 NF PE RVU:** 5.85
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2015 Medicare Utilization:** 96,546

2007 Work RVU: 0.00 **2016 Work RVU:** 2.91
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.60

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2015 Medicare Utilization:** 187

2007 Work RVU: **2016 Work RVU:** 1.11
2007 NF PE RVU: **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 2.00

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2015 Medicare Utilization:** 8

2007 Work RVU: **2016 Work RVU:** 1.13
2007 NF PE RVU: **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.39

RUC Recommendation: 2.10

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 130

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 0.30
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 732

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 3.79
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.29

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2015 Medicare Utilization:** 40,490

2007 Work RVU: **2016 Work RVU:** 0.97
2007 NF PE RVU: **2016 NF PE RVU:** 2.81
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2015 Medicare Utilization: 1,853

RUC Recommendation: 0.98

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 0.88

2007 NF PE RVU: **2016 NF PE RVU:** 3.28

2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

Result: Decrease

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: October 2016

2015 Medicare Utilization: 54,411

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

Result:

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac 3D Mapping add-on **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2008

2015 Medicare Utilization: 50,654

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.99 **2016 Work RVU:** 6.99

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:** 2.91

Result:

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 12,051

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: 11.57

Referred to CPT October 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2015 Medicare Utilization:** 35,050

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 16.23 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 6.96 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 17.65 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 7.58 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 29,807

2007 Work RVU: **2016 Work RVU:** 15.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.11

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 5,625

RUC Recommendation: 20.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 20.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 8.10
Result: Decrease

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 15,089

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 7.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.05
Result: Decrease

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2015 Medicare Utilization:** 29,508

RUC Recommendation: 20.02 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 20.02
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 8.11
Result: Decrease

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 **2015 Medicare Utilization:** 12,841

2007 Work RVU: **2016 Work RVU:** 7.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.04

RUC Recommendation: 10.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2015 Medicare Utilization:** 32,773

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2015 Medicare Utilization:** 71,818

2007 Work RVU: 0.17 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2016 NF PE RVU:** 0.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.45 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93732 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.92 **2016 Work RVU:**

2007 NF PE RVU: 0.94 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 0.17 **2016 Work RVU:**

2007 NF PE RVU: 0.83 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.03 **2016 Work RVU:**

2007 NF PE RVU: 1.15 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2015 Medicare Utilization:**

2007 Work RVU: 1.18 **2016 Work RVU:**

2007 NF PE RVU: 1.19 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 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 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 2,472,528

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 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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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 **2015 Medicare Utilization:** 40,575

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** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 87,611

2007 Work RVU: 0.94 **2016 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2016 NF PE RVU:** 6.98
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 15,238

2007 Work RVU: 0.62 **2016 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2016 NF PE RVU:** 3.62
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2015 Medicare Utilization:** 670,391

2007 Work RVU: 0.25 **2016 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2016 NF PE RVU:** 2.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2015 Medicare Utilization:** 480,030

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2016 NF PE RVU:** 3.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2015 Medicare Utilization:** 83,609

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2016 NF PE RVU:** 4.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2015 Medicare Utilization:** 594,754

2007 Work RVU: 0.58 **2016 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2016 NF PE RVU:** 6.50
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2015 Medicare Utilization:** 238,357

2007 Work RVU: 0.39 **2016 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2016 NF PE RVU:** 3.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2015 Medicare Utilization:** 23,164

2007 Work RVU: 0.46 **2016 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2016 NF PE RVU:** 5.04
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2015 Medicare Utilization:** 44,136

2007 Work RVU: 0.31 **2016 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2016 NF PE RVU:** 3.08
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: XXX **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2015 Medicare Utilization:** 104,322

2007 Work RVU: 0.35 **2016 Work RVU:** 0.35
2007 NF PE RVU: 2.83 **2016 NF PE RVU:** 2.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2015 Medicare Utilization:** 1,651,142

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 1,682,190

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

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 **2015 Medicare Utilization:** 196,530

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

Status Report: CMS Requests and Relativity Assessment Issues

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2015 Medicare Utilization:** 141,231

2007 Work RVU: 1.21 **2016 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2016 NF PE RVU:** 3.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2015 Medicare Utilization:** 298,025

2007 Work RVU: 0.65 **2016 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2016 NF PE RVU:** 4.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.97 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** October 2013 **2015 Medicare Utilization:** 63,341

2007 Work RVU: 0.44 **2016 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2016 NF PE RVU:** 2.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2015 Medicare Utilization:** 85

2007 Work RVU: **2016 Work RVU:** 0.30
2007 NF PE RVU: **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2015 Medicare Utilization:** 106,261

2007 Work RVU: 0.25 **2016 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2016 NF PE RVU:** 3.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 1,251,897

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.82
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2015 Medicare Utilization:** 217

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2016 NF PE RVU:** 1.04
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2015 Medicare Utilization:** 348

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2015 Medicare Utilization:** 9,044

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2016 NF PE RVU:** 0.18
2007 Fac PE RVU: 0.16 **2016 Fac PE RVU:** 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2010 **2015 Medicare Utilization:** 1,201,963

2007 Work RVU: 0.31 **2016 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2016 NF PE RVU:** 1.43
2007 Fac PE RVU: 1.13 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 and CPT Assistant article published

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.13 **2016 Work RVU:**
2007 NF PE RVU: 0.63 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.73 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.77 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.69 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)** **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2015 Medicare Utilization:** 1,101

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2016 NF PE RVU:** 1.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2015 Medicare Utilization:** 986

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2016 NF PE RVU:** 1.50
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2015 Medicare Utilization:** 248,822

2007 Work RVU: 0.64 **2016 Work RVU:** 0.64
2007 NF PE RVU: 2.06 **2016 NF PE RVU:** 0.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94621 **Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2015 Medicare Utilization:** 16,655

2007 Work RVU: 1.42 **2016 Work RVU:** 1.42
2007 NF PE RVU: 2.45 **2016 NF PE RVU:** 3.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2015 Medicare Utilization:** 659,475

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** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2015 Medicare Utilization:** 16,631

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** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2015 Medicare Utilization:** 14,780

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** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

946X2

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

946X3

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.48 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 1.04 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance** **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 Medicare Utilization:** 608,656

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 354,372

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 Medicare Utilization:** 9,260

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2015 Medicare Utilization:** 1,023,201

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 58,718

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** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)** **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2015 Medicare Utilization:** 12,148

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2016 NF PE RVU:** 0.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
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 **2015 Medicare Utilization:** 300,296

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 5,863

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2016 NF PE RVU:** NA
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2015 Medicare Utilization:** 10,060,513

2007 Work RVU: 0.00 **2016 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.01

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.15 **2016 Work RVU:**
2007 NF PE RVU: 0.31 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.15 **2016 Work RVU:**
2007 NF PE RVU: 0.16 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2015 Medicare Utilization:** 26,105

2007 Work RVU: **2016 Work RVU:** 0.07
2007 NF PE RVU: **2016 NF PE RVU:** 0.14
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2015 Medicare Utilization:** 85,667

2007 Work RVU: **2016 Work RVU:** 0.14
2007 NF PE RVU: **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2015 Medicare Utilization:** 1,830,851

2007 Work RVU: 0.00 **2016 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2015 Medicare Utilization:** 249,046

2007 Work RVU: 0.00 **2016 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2016 NF PE RVU:** 0.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2015 Medicare Utilization:** 1,114,212

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2015 Medicare Utilization:** 2,472,326

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2015 Medicare Utilization:** 178,149

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.02 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015 Medicare Utilization:** 16,827

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 1.40
2007 Fac PE RVU: 0.03 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2015 Medicare Utilization:** 6,898,953

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: 0.02 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 28 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2015 Medicare Utilization:** 26,226

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2016 NF PE RVU:** 4.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 28 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2015 Medicare Utilization:** 34,371

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.70 and Refer to CPT **Referred to CPT** February 2017 EC **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2015 Medicare Utilization:** 12,882

2007 Work RVU: **2016 Work RVU:** 1.05
2007 NF PE RVU: **2016 NF PE RVU:** 3.92
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2015 Medicare Utilization:** 854

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.50
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2015 Medicare Utilization:** 623

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 3.04
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2015 Medicare Utilization:** 4,234

2007 Work RVU: 1.88 **2016 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2016 NF PE RVU:** 10.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2015 Medicare Utilization:** 35,244

2007 Work RVU: 1.66 **2016 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2016 NF PE RVU:** 3.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2015 Medicare Utilization:** 5,518

2007 Work RVU: 1.66 **2016 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2016 NF PE RVU:** 12.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2015 Medicare Utilization:** 435

2007 Work RVU: 2.65 **2016 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2016 NF PE RVU:** 15.89
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2015 Medicare Utilization:** 299,509

2007 Work RVU: 3.52 **2016 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2016 NF PE RVU:** 14.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009 **2015 Medicare Utilization:** 362,825

2007 Work RVU: 3.79 **2016 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2016 NF PE RVU:** 15.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.60

Referred to CPT October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN

First Identified: July 2015 **2015 Medicare Utilization:** 26,339

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2016 NF PE RVU:** 8.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN

First Identified: July 2015 **2015 Medicare Utilization:** 25,325

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73
2007 NF PE RVU: 5.4 **2016 NF PE RVU:** 10.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.63

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 Medicare Utilization:** 288,342

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2016 NF PE RVU:** 9.03
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: September 2011 **2015 Medicare Utilization:** 242,119

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2016 NF PE RVU:** 10.49
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: January 2012 **2015 Medicare Utilization:** 26,642

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2016 NF PE RVU:** 9.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2015 Medicare Utilization:** 114,202

2007 Work RVU: 0.28 **2016 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: 0.12 **2016 Fac PE RVU:** 0.12

RUC Recommendation: Review utilization October 2018

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2015 Medicare Utilization:** 4,333

2007 Work RVU: 0.96 **2016 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2016 NF PE RVU:** 2.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 41,858

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 3.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 389

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:**

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 **2015 Medicare Utilization:** 1,687

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:**

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:** **2015 Medicare Utilization:** 1,346

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:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 1,924

2007 Work RVU: 1.18 **2016 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2016 NF PE RVU:** 2.49
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 561

2007 Work RVU: 0.37 **2016 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 2.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 48,394

2007 Work RVU: 0.37 **2016 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 2.22
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 136,314

2007 Work RVU: **2016 Work RVU:** 0.35
2007 NF PE RVU: **2016 NF PE RVU:** 1.28
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 918,455

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 13,219

2007 Work RVU: **2016 Work RVU:** 0.71
2007 NF PE RVU: **2016 NF PE RVU:** 1.54
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.42 **2016 Work RVU:**
2007 NF PE RVU: 1.18 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011& February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2015 Medicare Utilization:**

2007 Work RVU: 0.60 **2016 Work RVU:**
2007 NF PE RVU: 1.15 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2015 Medicare Utilization:**

2007 Work RVU: 0.34 **2016 Work RVU:**
2007 NF PE RVU: 1.03 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 10,518

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 70,283

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 141,049

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 161,648

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 170,166

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 86,856

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2015 Medicare Utilization:** 97,010

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2015 Medicare Utilization:** 41,668

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2015 Medicare Utilization:** 5,188

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 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2015 Medicare Utilization:** 119,804

2007 Work RVU: 0.90 **2016 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2016 NF PE RVU:** 3.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2015 Medicare Utilization:** 15,219

2007 Work RVU: **2016 Work RVU:** 1.73
2007 NF PE RVU: **2016 NF PE RVU:** 2.36
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.73 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2015 Medicare Utilization:** 11,046

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2016 NF PE RVU:** 3.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2015 Medicare Utilization:** 12,993

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 **2015 Medicare Utilization:** 385

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

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs** **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2015 Medicare Utilization:** 1,456

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2016 NF PE RVU:** 4.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) testing central nervous system, checkerboard or flash** **Global:** XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2015 Medicare Utilization:** 87,558

2007 Work RVU: 0.35 **2016 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2016 NF PE RVU:** 3.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2015 Medicare Utilization:**

2007 Work RVU: 0.51 **2016 Work RVU:**
2007 NF PE RVU: 0.55 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:**

First Identified: **2015 Medicare Utilization:**

2007 Work RVU: 0.55 **2016 Work RVU:**

2007 NF PE RVU: 0.49 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: **2015 Medicare Utilization:** 68,410

2007 Work RVU: **2016 Work RVU:** 0.86

2007 NF PE RVU: **2016 NF PE RVU:** 8.69

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: **2015 Medicare Utilization:** 28,491

2007 Work RVU: **2016 Work RVU:** 2.25

2007 NF PE RVU: **2016 NF PE RVU:** 11.71

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 Medicare Utilization:** 14,330

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012 **2015 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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM

First Identified: **2015 Medicare Utilization:** 38,336

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 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009 **2015 Medicare Utilization:** 872

2007 Work RVU: 1.51 **2016 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2016 NF PE RVU:** 7.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: October 2016 **2015 Medicare Utilization:** 127,858

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009 **2015 Medicare Utilization:** 22,187

2007 Work RVU: 3.30 **2016 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2016 NF PE RVU:** 8.60
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 3.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2015 Medicare Utilization:** 1,224

2007 Work RVU: 2.45 **2016 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2016 NF PE RVU:** 10.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2015 Medicare Utilization:** 5,668

2007 Work RVU: 3.08 **2016 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2016 NF PE RVU:** 42.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: PE Only

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2015 Medicare Utilization:** 58,093

2007 Work RVU: 1.98 **2016 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2016 NF PE RVU:** 6.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.98

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / 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 **2015 Medicare Utilization:** 30,542

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.14 **2016 Fac PE RVU:** 0.20

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** October 2009 **2015 Medicare Utilization:** 15,918

2007 Work RVU: 0.78 **2016 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.57
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.78 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2015 Medicare Utilization:** 50,801

2007 Work RVU: 1.50 **2016 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2016 NF PE RVU:** 0.78
2007 Fac PE RVU: 0.48 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2015 Medicare Utilization:** 1,307

2007 Work RVU: 0.92 **2016 Work RVU:**
2007 NF PE RVU: 0.61 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2015 Medicare Utilization:** 15,283

2007 Work RVU: 3.00 **2016 Work RVU:** 3.00
2007 NF PE RVU: 1.65 **2016 NF PE RVU:** 2.58
2007 Fac PE RVU: 1.19 **2016 Fac PE RVU:** 1.37

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2015 Medicare Utilization:** 283

2007 Work RVU: 1.70 **2016 Work RVU:** 1.70
2007 NF PE RVU: 0.86 **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.79

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2015 Medicare Utilization:** 34,432

2007 Work RVU: 3.50 **2016 Work RVU:** 3.50
2007 NF PE RVU: 1.91 **2016 NF PE RVU:** 3.19
2007 Fac PE RVU: 1.24 **2016 Fac PE RVU:** 1.62

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2015 Medicare Utilization:** 5,871

2007 Work RVU: 1.64 **2016 Work RVU:** 1.64
2007 NF PE RVU: 0.84 **2016 NF PE RVU:** 1.27
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.76

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2015 Medicare Utilization:** 395

2007 Work RVU: **2016 Work RVU:** 0.80
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.35

RUC Recommendation: Refer to CPT

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2015 Medicare Utilization:** 600

2007 Work RVU: **2016 Work RVU:** 0.30
2007 NF PE RVU: **2016 NF PE RVU:** 0.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.17

RUC Recommendation: Refer to CPT

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2015 Medicare Utilization:** 1,036

2007 Work RVU: **2016 Work RVU:** 0.65
2007 NF PE RVU: **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: Refer to CPT

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2015 Medicare Utilization:** 2,924

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 2.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2015 Medicare Utilization:** 14,238

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 2.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2015 Medicare Utilization:** 222,013

2007 Work RVU: 1.86 **2016 Work RVU:** 1.86
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.32
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.30

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2015 Medicare Utilization:** 42,505

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.8 **2016 NF PE RVU:** 1.26
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.13

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2015 Medicare Utilization:** 113,328

2007 Work RVU: 0.51 **2016 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.21

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **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 **2015 Medicare Utilization:** 406

2007 Work RVU: 0.00 **2016 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2016 NF PE RVU:** 1.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. 1.75 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), 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** **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** January 2017 **2015 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.18 **2016 NF PE RVU:** 0.24
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:**

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:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** January 2017 **2015 Medicare Utilization:** 1,070

2007 Work RVU: 2.60 **2016 Work RVU:** 2.60
2007 NF PE RVU: 0.96 **2016 NF PE RVU:** .92
2007 Fac PE RVU: .92 **2016 Fac PE RVU:** .74

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 52 **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** July 2015 **2015 Medicare Utilization:** 145,203

2007 Work RVU: 1.86 **2016 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.59 **2016 Fac PE RVU:** 0.50

RUC Recommendation: Refer to CPT **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2015 Medicare Utilization:** 632,034

2007 Work RVU: 1.86 **2016 Work RVU:** 1.86
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 0.83
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.29

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
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 Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2015 Medicare Utilization:** 165,817

2007 Work RVU: 0.55 **2016 Work RVU:** 0.55
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.69
2007 Fac PE RVU: 0.17 **2016 Fac PE RVU:** 0.10

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2015 Medicare Utilization:** 26,799

2007 Work RVU: 0.51 **2016 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.19

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 (psychology)

First Identified: January 2016 **2015 Medicare Utilization:** 2,168

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

RUC Recommendation: Refer to CPT

Referred to CPT September 2016 **Result:**
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** **Specialty Developing Recommendation:** APA (psychology)

First Identified: January 2016 **2015 Medicare Utilization:** 3,614

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

RUC Recommendation: Refer to CPT

Referred to CPT September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH

First Identified: July 2015 **2015 Medicare Utilization:** 233,462

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 1.41
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey

Referred to CPT N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2015 Medicare Utilization:** 534,727

2007 Work RVU: **2016 Work RVU:** 0.09
2007 NF PE RVU: **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour** **Global:** XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2015 Medicare Utilization:** 1,257,029

2007 Work RVU: **2016 Work RVU:** 0.21
2007 NF PE RVU: **2016 NF PE RVU:** 1.70
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2015 Medicare Utilization:** 599,152

2007 Work RVU: **2016 Work RVU:** 0.18
2007 NF PE RVU: **2016 NF PE RVU:** 0.34
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2015 Medicare Utilization:** 1,721,686

2007 Work RVU: **2016 Work RVU:** 0.19
2007 NF PE RVU: **2016 NF PE RVU:** 0.65
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2015 Medicare Utilization:** 145,066

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2015 Medicare Utilization:** 9,162,353

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2015 Medicare Utilization:** 286,473

2007 Work RVU: **2016 Work RVU:** 0.18
2007 NF PE RVU: **2016 NF PE RVU:** 1.38
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2015 Medicare Utilization:** 1,467,262

2007 Work RVU: **2016 Work RVU:** 0.10
2007 NF PE RVU: **2016 NF PE RVU:** 0.52
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2015 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: Survey **Referred to CPT** N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

963X0

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X1

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X2

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X3

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

963X4

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X5

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

963X6

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh

First Identified: July 2015 **2015 Medicare Utilization:** 766,535

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 1.34 **2016 NF PE RVU:** 1.84
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2015 Medicare Utilization:** 384,120

2007 Work RVU: 0.19 **2016 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2016 NF PE RVU:** 0.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2015 Medicare Utilization:** 2,824

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

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2015 Medicare Utilization:** 253

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

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2015 Medicare Utilization:** 143,179

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:

RUC Recommendation: Survey **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2015 Medicare Utilization:** 201,063

2007 Work RVU: 0.20 **2016 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** N/A **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2015 Medicare Utilization:** 1,820,054

2007 Work RVU: 0.28 **2016 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2016 NF PE RVU:** 3.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2015 Medicare Utilization:** 957,455

2007 Work RVU: 0.19 **2016 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2015 Medicare Utilization:** 116,894

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2016 NF PE RVU:** 3.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2015 Medicare Utilization:** 467,461

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2015 Medicare Utilization:** 41

2007 Work RVU: 2.37 **2016 Work RVU:** 2.37
2007 NF PE RVU: 7.48 **2016 NF PE RVU:** 21.15
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 1.10
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

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 43 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2015 Medicare Utilization:** 134,450

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2016 NF PE RVU:** 3.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015 **2015 Medicare Utilization:** 391,331

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.24 **2016 NF PE RVU:** 2.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2015 Medicare Utilization:** 106,782

2007 Work RVU: 1.15 **2016 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2016 NF PE RVU:** 3.18
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.70

RUC Recommendation: 1.15

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm** **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2015 Medicare Utilization:** 30,372

2007 Work RVU: 1.17 **2016 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2016 NF PE RVU:** 3.48
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.79

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

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 **2015 Medicare Utilization:** 16,883

2007 Work RVU: 2.10 **2016 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2016 NF PE RVU:** 4.50
2007 Fac PE RVU: 0.73 **2016 Fac PE RVU:** 1.27

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96X73 **Global:** **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAD **First Identified:** January 2017 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96X74

Global: **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAD **First Identified:** January 2017 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2015 Medicare Utilization:** 2,503,430

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 0.73 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **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 **2015 Medicare Utilization:** 533,642

2007 Work RVU: 0.60 **2016 Work RVU:** 0.60
2007 NF PE RVU: 0.43 **2016 NF PE RVU:** 0.56
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** February 2015 **2015 Medicare Utilization:** 190,584

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 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 30,994

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
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

First Identified: **2015 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: Survey January 2017

Referred to CPT
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

First Identified: **2015 Medicare Utilization:** 565,044

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

RUC Recommendation: Survey January 2017

Referred to CPT
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **First Identified:** **2015 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

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:**
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:** APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 480,543

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2016 NF PE RVU:** 0.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 133,725

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **First Identified:** **2015 Medicare Utilization:** 176,554

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

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:**
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 **First Identified:** July 2015 **2015 Medicare Utilization:** 1,149,079

2007 Work RVU: 0.25 **2016 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, 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 **First Identified:** **2015 Medicare Utilization:** 109,729

2007 Work RVU: 0.26 **2016 Work RVU:** 0.26
2007 NF PE RVU: 0.31 **2016 NF PE RVU:** 0.47
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97034 **Application of a modality to 1 or more areas; contrast baths, 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:** **2015 Medicare Utilization:** 7,932

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 0.16 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2015 Medicare Utilization:** 2,790,964

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2016 NF PE RVU:** 0.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey January 2017 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - 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 **First Identified:** February 2010 **2015 Medicare Utilization:** 49,007,989

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2015 Medicare Utilization:** 9,838,766

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2016 NF PE RVU:** 0.48
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **First Identified:** July 2015 **2015 Medicare Utilization:** 1,641,331

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.43 **2016 NF PE RVU:** 0.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - 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:** APTA **First Identified:** February 2010 **2015 Medicare Utilization:** 1,879,655

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** 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 **First Identified:** September 2011 **2015 Medicare Utilization:** 23,114,335

2007 Work RVU: 0.43 **2016 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
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?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA **First Identified:** April 2011 **2015 Medicare Utilization:** 914,212

2007 Work RVU: 0.27 **2016 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - 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 **2015 Medicare Utilization:** 9,559,035

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2015 Medicare Utilization:** 308,359

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.30
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2015 Medicare Utilization:** 9,270

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.25 **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2015 Medicare Utilization:** 1,144,163

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2016 NF PE RVU:** 0.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **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**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2015 Medicare Utilization:** 4,398

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.27 **2016 NF PE RVU:** 0.38
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2015 Medicare Utilization:** 32,538

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2015 Medicare Utilization:** 1,037,269

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 ☐ **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 **2015 Medicare Utilization:** 147,347

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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), 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:** **2015 Medicare Utilization:** 1

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 ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2015 Medicare Utilization:** 46,027

2007 Work RVU: 0.55 **2016 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2015 Medicare Utilization:** 14,142

2007 Work RVU: 0.60 **2016 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2015 Medicare Utilization:** 1,219

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2015 Medicare Utilization:** 421

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease
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:** **2015 Medicare Utilization:** 1,580

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

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2015 Medicare Utilization:** 145,882

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

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** February 2008 **2015 Medicare Utilization:** 2,431

2007 Work RVU: 0.62 **2016 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** February 2017 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **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**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **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 **2015 Medicare Utilization:** 57,165

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.36 **2016 NF PE RVU:** 0.60
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97761 **Prosthetic training, upper and/or lower extremity(s), each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2015 Medicare Utilization:** 6,154

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.29 **2016 NF PE RVU:** 0.46
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2015 Medicare Utilization:** 14,278

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

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

977X1

Global: **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2015 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: Survey **Referred to CPT** **Result:**
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 **2015 Medicare Utilization:** 218,581

2007 Work RVU: 0.45 **2016 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE

First Identified: NA **2015 Medicare Utilization:** 187,689

2007 Work RVU: 0.37 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.38
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97X11

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2017 **2015 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:

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2015 Medicare Utilization:** 76,509

2007 Work RVU: 0.45 **2016 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.14 **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2015 Medicare Utilization:** 110,823

2007 Work RVU: 0.65 **2016 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2016 NF PE RVU:** 0.54
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.27

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009

2015 Medicare Utilization: 95,246

2007 Work RVU: 0.87 **2016 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.28 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010

2015 Medicare Utilization: 94,313

2007 Work RVU: 1.03 **2016 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.78
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.42

RUC Recommendation: 1.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010

2015 Medicare Utilization: 63,020

2007 Work RVU: 1.19 **2016 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2016 NF PE RVU:** 0.92
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.50

RUC Recommendation: 1.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011

2015 Medicare Utilization: 6,229,362

2007 Work RVU: 0.45 **2016 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2016 NF PE RVU:** 0.32
2007 Fac PE RVU: 0.12 **2016 Fac PE RVU:** 0.16

RUC Recommendation: 0.46

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2015 Medicare Utilization:** 13,261,425

2007 Work RVU: 0.65 **2016 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2016 NF PE RVU:** 0.42
2007 Fac PE RVU: 0.17 **2016 Fac PE RVU:** 0.24

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2015 Medicare Utilization:** 1,199,168

2007 Work RVU: 0.87 **2016 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2016 NF PE RVU:** 0.50
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2015 Medicare Utilization:** 1

2007 Work RVU: 0.40 **2016 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.14 **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

99143 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2015 Medicare Utilization:** 17

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** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99144 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2015 Medicare Utilization:** 528,060

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** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99148 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2015 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

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 **2015 Medicare Utilization:** 5,080

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

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 **2015 Medicare Utilization:** 1,042

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

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

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 **2015 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** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

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 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO

First Identified: NA **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only

Referred to CPT May 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: May 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only

Referred to CPT May 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2015 Medicare Utilization:** 579,575

2007 Work RVU: 2.34 **2016 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2016 NF PE RVU:** 0.77
2007 Fac PE RVU: 0.69 **2016 Fac PE RVU:** 0.77

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2016 **2015 Medicare Utilization:**

2007 Work RVU: 1.65 **2016 Work RVU:** 1.65
2007 NF PE RVU: 1.29 **2016 NF PE RVU:** 1.84
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.63

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2016 **2015 Medicare Utilization:** 1

2007 Work RVU: 0.63 **2016 Work RVU:** 0.63
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.24

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2015 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: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2015 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: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

993X1

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2016 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

993X2

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2016 **2015 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: **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.62

RUC Recommendation: Review in 3 years and refer to CPT Assistant **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2015 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.58

RUC Recommendation: Review in 3 years and refer to CPT Assistant **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2015 Medicare Utilization:** 1,020,256

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.58
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.29

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2015 Medicare Utilization:** 44,055

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.37 **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** 0.07

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2015 Medicare Utilization:** 2,417

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 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 231,556

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 133,902

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: Survey for April 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 102,580

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: Survey for April 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2015 Medicare Utilization:** 249,253

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** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2015 Medicare Utilization:** 832,187

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.48
2007 Fac PE RVU: 0.07 **2016 Fac PE RVU:** 0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 147,935

2007 Work RVU: 0.07 **2016 Work RVU:** 0.07
2007 NF PE RVU: 3.81 **2016 NF PE RVU:** 3.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2015 Medicare Utilization:** 1,076,434

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2015 Medicare Utilization:** 1,301,985

2007 Work RVU: 0.67 **2016 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2016 NF PE RVU:** 0.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2015 Medicare Utilization:** 422,467

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2016 NF PE RVU:** 1.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016 **2015 Medicare Utilization:** 32,128

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

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

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 **2015 Medicare Utilization:** 5,730,627

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2016 NF PE RVU:** 3.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2015 Medicare Utilization:** 626,561

2007 Work RVU: 0.87 **2016 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2016 NF PE RVU:** 3.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete

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

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2015 Medicare Utilization:** 776,397

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2016 NF PE RVU:** 2.87
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2015 Medicare Utilization:** 98,495

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2015 Medicare Utilization:** 140,633

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2015 Medicare Utilization:** 37,327

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 5.8 **2016 NF PE RVU:** 3.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to create Category I code **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:** 1,243,471

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2016 NF PE RVU:** 3.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to create Category I code **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2015 Medicare Utilization:** 276,809

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2016 NF PE RVU:** 0.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to create Category I code **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2015 Medicare Utilization: 141,527

2007 Work RVU: 0.61 **2016 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.82
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.27

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA

First Identified: February 2008

2015 Medicare Utilization: 48,177

2007 Work RVU: 0.37 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.38
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA

First Identified: October 2010

2015 Medicare Utilization: 7,032,754

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2015 Medicare Utilization:** 95,243

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2016 NF PE RVU:** 2.64
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant.

Referred to CPT May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 398,037

2007 Work RVU: **2016 Work RVU:** 2.43
2007 NF PE RVU: **2016 NF PE RVU:** 2.10
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.00

RUC Recommendation: Survey for April 2017

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015 Medicare Utilization:** 114,725

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2017

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2015 Medicare Utilization:** 114,727

2007 Work RVU: **2016 Work RVU:** 3.09
2007 NF PE RVU: **2016 NF PE RVU:** 11.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 4.00

Referred to CPT **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016

2015 Medicare Utilization: 188,560

2007 Work RVU: **2016 Work RVU:** 0.24

2007 NF PE RVU: **2016 NF PE RVU:** 0.15

2007 Fac PE RVU: **2016 Fac PE RVU:** 0.09

RUC Recommendation: Code Deleted

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Code Deleted from CPT

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2013

2015 Medicare Utilization: 1,205,553

2007 Work RVU: **2016 Work RVU:** 2.43

2007 NF PE RVU: **2016 NF PE RVU:** 2.24

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2013

2015 Medicare Utilization: 4,438,288

2007 Work RVU: **2016 Work RVU:** 1.50

2007 NF PE RVU: **2016 NF PE RVU:** 1.66

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

G0442 **Annual alcohol misuse screening, 15 minutes**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 216,933

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: Survey for April 2017

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0444 **Annual depression screening, 15 minutes**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 535,925

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: Survey for April 2017

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: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 168,211

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: Survey for April 2017

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2015 Medicare Utilization:** 366,858

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: Remove from screen

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2015 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: No specialty society interest

Referred to CPT May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: 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 **2015 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: No specialty society interest

Referred to CPT May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

CPT	2017 Long Descriptor	Issue 1	Most Recent RUC Meeting	Tab	Next RUC Review
00537	Anesthesia for cardia	RAW	October 2016	35	January 2017
00740	Anesthesia for upper	Anesthesia for Intestingal E	April 2016	11	January 2017
007X1		Anesthesia for Intestingal Endoscopic Procedures			January 2017
007X2		Anesthesia for Intestingal Endoscopic Procedures			January 2017
00810	Anesthesia for lower	Anesthesia for Intestingal E	April 2016	11	January 2017
008X1		Anesthesia for Intestingal Endoscopic Procedures			January 2017
008X2		Anesthesia for Intestingal Endoscopic Procedures			January 2017
008X3		Anesthesia for Intestingal Endoscopic Procedures			January 2017
01930	Anesthesia for thera	Anesthesia for Intervention	February 2008	S	
01936	Anesthesia for percu	RAW	October 2016	35	January 2017
10021	Fine needle aspiratio	Fine Needle Aspiration	April 2016	12	April 2017
10022	Fine needle aspiratio	Fine Needle Aspiration	April 2016	12	April 2017
10030	Image-guided fluid c	Drainage of Abscess	January 2013	04	
10040	Acne surgery (eg, ma	Acne Surgery	April 2016	13	
10060	Incision and drainage	Incision and Drainage of Ab	October 2010	07	
10061	Incision and drainage	Incision and Drainage of Ab	April 2014	52	
10120	Incision and removal of foreign body, subcutane		September 2011	12	
10180	Incision and drainage, complex, postoperative w		October 2013	18	
11040	Deleted from CPT	Excision and Debridement	September 2007	16	
11041	Deleted from CPT	Excision and Debridement	September 2007	16	
11042	Debridement, subcu	Excision and Debridement	February 2010	04	
11043	Debridement, muscl	Debridement	February 2010	04	
11044	Debridement, bone (	Debridement	February 2010	04	
11045	Debridement, subcu	Excision and Debridement	February 2010	04	
11046	Debridement, muscl	Debridement	February 2010	04	
11047	Debridement, bone (	Debridement	February 2010	04	
11055	Paring or cutting of b	RAW Review	January 2012	30	
11056	Paring or cutting of b	Trim Skin Lesions	January 2012	53	
11057	Paring or cutting of b	RAW Review	January 2012	30	
11100	Biopsy of skin, subcu	Biopsy of Skin Lesion	January 2016	26	April 2017
11101	Biopsy of skin, subcu	Biopsy of Skin Lesion	January 2016	26	April 2017
11300	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11301	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11302	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11303	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11305	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11306	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11307	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	
11308	Shaving of epiderma	Shaving of Epidermal or De	April 2012	38	

11310	Shaving of epiderma	Shaving of Epidermal or Der	April 2012	38	
11311	Shaving of epiderma	Shaving of Epidermal or Der	April 2012	38	
11312	Shaving of epiderma	Shaving of Epidermal or Der	April 2012	38	
11313	Shaving of epiderma	Shaving of Epidermal or Der	April 2012	38	
11719	Trimming of nondyst	Debridement of Nail	January 2012	32	
11720	Debridement of nail(	Debridement of Nail	September 2011	53	
11721	Debridement of nail(	Debridement of Nail	September 2011	53	
11730	Avulsion of nail plate	Removal of Nail Plate	January 2016	56	
11750	Excision of nail and n	Excision of Nail Bed - HCPA(	September 2014	26	
11752	Excision of nail and n	Excision of Nail Bed - HCPA(	January 2015	28	
11900	Injection, intralesion	Skin Injection Services	April 2010	31	
11901	Injection, intralesion	Skin Injection Services	April 2010	31	
11980	Subcutaneous hormo	Hormone Pellet Implantatio	January 2014	20	
11981	Insertion, non-biode	Drug Implant	April 2014	52	
11982	Removal, non-biodeg	Drug Implant	April 2008	57	
11983	Removal with reinse	Drug Implant	April 2008	57	
12001	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12002	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12004	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12005	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12006	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12007	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12011	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12013	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12014	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12015	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12016	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12017	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12018	Simple repair of supe	Repair of Superficial Wound	April 2010	32	
12031	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12032	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12034	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12035	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12036	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12037	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12041	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12042	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12044	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12045	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12046	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12047	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12051	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12052	Repair, intermediate	Repair of Intermediate Wou	April 2010	45	
12053	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	

12054	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12055	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12056	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
12057	Repair, intermediate	Repair of Intermediate Wou	October 2010	22	
13100	Repair, complex, trui	Complex Wound Repair	April 2012	37	
13101	Repair, complex, trui	Complex Wound Repair	April 2012	37	
13102	Repair, complex, trui	Complex Wound Repair	April 2012	37	
13120	Repair, complex, sca	Complex Wound Repair	October 2015	21	October 2017
13121	Repair, complex, sca	Complex Wound Repair	October 2015	21	October 2017
13122	Repair, complex, sca	Complex Wound Repair	October 2015	21	October 2017
13131	Repair, complex, fore	Complex Wound Repair	April 2012	37	
13132	Repair, complex, fore	Complex Wound Repair	April 2012	37	
13133	Repair, complex, fore	Complex Wound Repair	April 2012	37	
13150	Repair, complex, eye	Complex Wound Repair	April 2012	37	
13151	Repair, complex, eye	Complex Wound Repair	April 2012	37	
13152	Repair, complex, eye	Complex Wound Repair	April 2012	37	
13153	Repair, complex, eye	Complex Wound Repair	April 2012	37	
14000	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14001	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14020	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14021	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14040	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14041	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14060	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14061	Adjacent tissue trans	Skin Tissue Rearrangement	October 2008	9	
14300	Deleted from CPT	Adjacent Tissue Transfer	April 2009	04	
14301	Adjacent tissue trans	Adjacent Tissue Transfer	April 2009	04	
14302	Adjacent tissue trans	Adjacent Tissue Transfer	April 2009	04	
15002	Surgical preparation	RAW	September 2014	21	
15004	Surgical preparation	RAW	September 2014	21	
15100	Split-thickness autog	RAW	September 2014	21	
15120	Split-thickness autog	Autograft	September 2007	16	
15170	Acellular dermal repl	Acellular Dermal Replaceme	February 2010	31	
15171	Acellular dermal repl	Acellular Dermal Replaceme	February 2010	31	
15175	Acellular dermal repl	Acellular Dermal Replaceme	February 2010	31	
15176	Acellular dermal repl	Acellular Dermal Replaceme	February 2010	31	
15220	Full thickness graft, f	Skin Graft	September 2007	16	
15240	Full thickness graft, f	RAW	September 2014	21	
15271	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15272	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15273	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15274	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15275	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15276	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	

15277	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15278	Application of skin su	Chronic Wound Dermal Sub	April 2011	04	
15320	Deleted from CPT	Skin Allograft	February 2010	31	
15321	Deleted from CPT	Skin Allograft	February 2010	31	
15330	Acellular dermal allo	Allograft	February 2008	S	
15331	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	
15335	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	
15336	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	
15360	Deleted from CPT	Tissue Cultured Allogeneic D	February 2010	31	
15361	Deleted from CPT	Tissue Cultured Allogeneic D	February 2010	31	
15365	Deleted from CPT	Tissue Cultured Allogeneic D	February 2010	31	
15366	Deleted from CPT	Tissue Cultured Allogeneic D	February 2010	31	
15400	Deleted from CPT	Xenograft	September 2007	16	
15401	Deleted from CPT	Xenograft	February 2008	S	
15420	Deleted from CPT	Xenograft Skin	February 2010	31	
15421	Deleted from CPT	Xenograft Skin	February 2010	31	
15570	Formation of direct c	Skin Pedicle Flaps	October 2008	10	
15572	Formation of direct c	Skin Pedicle Flaps	October 2008	10	
15574	Formation of direct c	Skin Pedicle Flaps	October 2008	10	
15576	Formation of direct c	Skin Pedicle Flaps	October 2008	10	
15731	Forehead flap with p	Muscle Flaps	April 2016	14	January 2017
15732	Muscle, myocutaneo	Muscle Flaps	April 2016	14	January 2017
15734	Muscle, myocutaneo	Muscle Flaps	April 2016	14	January 2017
15736	Muscle, myocutaneo	Muscle Flaps	April 2016	14	January 2017
15738	Muscle, myocutaneo	Muscle Flaps	April 2016	14	January 2017
15740	Flap; island pedicle r	Dermatology and Plastic Su	April 2008	28	
15777	Implantation of biolo	Chronic Wound Dermal Sub	April 2011	04	
157X1		Muscle Flaps			January 2017
157X2		Muscle Flaps			January 2017
15823	Blepharoplasty, uppe	Upper Eyelid Blepharoplast	April 2010	33	
16020	Dressings and/or deb	Dressings/ Debridement of	October 2010	08	
16025	Dressings and/or deb	Dressings/ Debridement of	October 2010	08	
16030	Dressings and/or deb	Dressings/ Debridement of	April 2010	45	
17000	Destruction (eg, lase	Destruction of Premalignan	April 2013	17	
17003	Destruction (eg, lase	Destruction of Premalignan	April 2013	17	
17004	Destruction (eg, lase	Destruction of Premalignan	April 2013	17	
17106	Destruction of cutan	Destruction of Skin Lesions	October 2008	11	
17107	Destruction of cutan	Destruction of Skin Lesions	October 2008	11	
17108	Destruction of cutan	Destruction of Skin Lesions	October 2008	11	
17110	Destruction (eg, lase	RAW	October 2013	18	
17111	Destruction (eg, lase	RAW	October 2013	18	
17250	Chemical cauterizatio	RAW	January 2016	54	October 2019
17261	Destruction, maligna	Destruction of Malignant Le	October 2010	26	
17262	Destruction, maligna	Destruction of Malignant Le	October 2010	26	

17271	Destruction, maligna	Destruction of Malignant Le	October 2010	26	
17272	Destruction, maligna	Destruction of Malignant Le	October 2010	26	
17281	Destruction, maligna	Destruction of Malignant Le	October 2010	26	
17282	Destruction, maligna	Destruction of Malignant Le	October 2010	26	
17311	Mohs micrographic t	Mohs Surgery	April 2013	18	
17312	Mohs micrographic t	Mohs Surgery	April 2013	18	
17313	Mohs micrographic t	Mohs Surgery	April 2013	18	
17314	Mohs micrographic t	Mohs Surgery	April 2013	18	
17315	Mohs micrographic t	Mohs Surgery	April 2013	18	
19020	Mastotomy with exp	Mastotomy	September 2007	16	
19081	Biopsy, breast, with	Breast Biopsy	April 2013	04	
19082	Biopsy, breast, with	Breast Biopsy	April 2013	04	
19083	Biopsy, breast, with	Breast Biopsy	April 2013	04	
19084	Biopsy, breast, with	Breast Biopsy	April 2013	04	
19085	Biopsy, breast, with	Breast Biopsy	April 2013	04	
19086	Biopsy, breast, with	Breast Biopsy	April 2013	04	
19102	Biopsy of breast; per	Breast Biopsy	April 2013	04	
19103	Biopsy of breast; per	Breast Biopsy	April 2013	04	
19281	Placement of breast	Breast Biopsy	April 2013	04	
19282	Placement of breast	Breast Biopsy	April 2013	04	
19283	Placement of breast	Breast Biopsy	April 2013	04	
19284	Placement of breast	Breast Biopsy	April 2013	04	
19285	Placement of breast	Breast Biopsy	April 2013	04	
19286	Placement of breast	Breast Biopsy	April 2013	04	
19287	Placement of breast	Breast Biopsy	April 2013	04	
19288	Placement of breast	Breast Biopsy	April 2013	04	
19290	Preoperative placem	Breast Biopsy	April 2013	04	
19291	Preoperative placem	Breast Biopsy	April 2013	04	
19295	Image guided placem	Breast Biopsy	April 2013	04	
19303	Mastectomy, simple,	Mastectomy	April 2016	15	
19318	Reduction mammapl	Mammaplasty	September 2007	16	
19340	Immediate insertion	Insertion of Breast Prosthes	October 2009	10	
19357	Breast reconstructio	Breast Reconstruction	April 2014	52	
20000	Deleted from CPT	Incision of Abcess	September 2007	16	
20005	Incision and drainage	Incision of Deep Abscess	September 2007	16	
20240	Biopsy, bone, open;	Bone Biopsy Excisional	January 2016	04	
20245	Biopsy, bone, open;	Bone Biopsy Excisional	January 2016	04	
20525	Removal of foreign b	Removal of Foreign Body	September 2007	16	
20550	Injection(s); single te	Injection of Tendon	January 2016	27	
20551	Injection(s); single te	RAW	September 2011	51	
20552	Injection(s); single or multiple trigger point(s), 1		January 2016	28	
20553	Injection(s); single or multiple trigger point(s), 3		January 2016	28	
20600	Arthrocentesis, aspir	Arthrocentesis	January 2014	04	
20604	Arthrocentesis, aspir	Arthrocentesis	January 2014	04	

20605	Arthrocentesis, aspir	Arthrocentesis	January 2014	04	
20606	Arthrocentesis, aspir	Arthrocentesis	January 2014	04	
20610	Arthrocentesis, aspir	Arthrocentesis	January 2014	04	
20611	Arthrocentesis, aspir	Arthrocentesis	January 2014	04	
20680	Removal of implant;	RAW	September 2014	21	
20692	Application of a mult	RAW	April 2014	52	
20694	Removal, under anes	External Fixation	September 2007	16	
20900	Bone graft, any donc	Bone Graft Procedures	April 2008	29	
20902	Bone graft, any donc	Bone Graft Procedures	April 2008	29	
20926	Tissue grafts, other (	Tissue Grafts	February 2010	31	
21015	Radical resection of t	Radical Resection of Soft Tis	February 2009	6	
21025	Excision of bone (eg,	Excision of Bone – Mandible	October 2010	61	
21495	Open treatment of h	Laryngoplasty	January 2016	09	
21557	Radical resection of t	Radical Resection of Soft Tis	February 2009	6	
21800	Closed treatment of	Internal Fixation of Rib Frac	April 2014	05	
21805	Open treatment of ri	Internal Fixation of Rib Frac	April 2014	05	
21810	Treatment of rib frac	Internal Fixation of Rib Frac	April 2014	05	
21811	Open treatment of ri	Internal Fixation of Rib Frac	April 2014	05	
21812	Open treatment of ri	Internal Fixation of Rib Frac	April 2014	05	
21813	Open treatment of ri	Internal Fixation of Rib Frac	April 2014	05	
21820	Closed treatment of	Internal Fixation of Rib Frac	April 2016	46	
21825	Open treatment of s	Internal Fixation of Rib Frac	April 2014	05	
21935	Radical resection of t	Radical Resection of Soft Tis	February 2009	6	
22214	Osteotomy of spine,	RAW	September 2014	21	
22305	Closed treatment of	Closed treatment of verteb	April 2015	23	
22510	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22511	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22512	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22513	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22514	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22515	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22520	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22521	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22522	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22523	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22524	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22525	Percutaneous verteb	Percutaneous Vertebroplas	April 2014	06	
22533	Arthrodesis, lateral e	Arthrodesis	September 2011	51	
22551	Arthrodesis, anterior	Arthrodesis	February 2010	05	
22552	Arthrodesis, anterior	Arthrodesis	February 2010	05	
22554	Arthrodesis, anterior	Arthrodesis	February 2010	5	
22558	Arthrodesis, anterior	Vertebral Corpectomy with	October 2013	18	January 2017
22585	Arthrodesis, anterior	Arthrodesis	February 2010	05	
22612	Arthrodesis, posteric	Lumbar Arthrodesis	October 2015	21	

22614	Arthrodesis, posteric	Lumbar Arthrodesis	February 2011	04	
22630	Arthrodesis, posteric	Lumbar Arthrodesis	February 2011	04	
22632	Arthrodesis, posteric	Lumbar Arthrodesis	February 2011	04	
22633	Arthrodesis, combine	Lumbar Arthrodesis	February 2011	04	
22634	Arthrodesis, combine	Lumbar Arthrodesis	February 2011	04	
22843	Posterior segmental	Spine Fixation Device	February 2009	38	
22849	Reinsertion of spinal	RAW	September 2014	21	
22851	Application of interv	Biomechancial Device Inser	January 2016	06	
22859	Insertion of intervert	Biomechancial Device Inser	January 2016	06	
22867	Insertion of interlam	Biomechancial Device Inser	January 2016	06	
22868	Insertion of interlam	Biomechancial Device Inser	January 2016	06	
22900	Excision, tumor, soft	Subfascial Excision of Soft T	February 2009	5	
23076	Excision, tumor, soft	Subfascial Excision of Soft T	February 2009	5	
23120	Claviculectomy; part	Claviculectomy	April 2008	30	
23130	Acromioplasty or acr	Removal of Bone	September 2007	16	
23350	Injection procedure f	Injection for Shoulder X-Ray	September 2011	13	
23405	Tenotomy, shoulder	Tenotomy	September 2007	16	
23410	Repair of ruptured m	Rotator Cuff	February 2008	12	
23412	Repair of ruptured m	Rotator Cuff	September 2014	21	
23415	Coracoacromial ligan	Shoulder Ligament Release	October 2010	62	
23420	Reconstruction of co	Rotator Cuff	February 2008	12	
23430	Tenodesis of long ter	Tenodesis	October 2009	12	
23440	Resection or transpla	Tendon Transfer	September 2007	16	
23472	Arthroplasty, glenoh	Arthroplasty	October 2015	21	
23540	Closed treatment of	PE Subcommittee	April 2016	46	
23600	Closed treatment of	Treatment of Humerus Frac	September 2011	14	
23625	Closed treatment of	PE Subcommittee	April 2016	46	
23650	Closed treatment of	PE Subcommittee	April 2016	46	
23655	Closed treatment of	PE Subcommittee	April 2016	46	
23665	Closed treatment of	PE Subcommittee	April 2016	46	
24505	Closed treatment of	PE Subcommittee	April 2016	46	
24600	Treatment of closed	PE Subcommittee	April 2016	46	
24605	Treatment of closed	PE Subcommittee	April 2016	46	
25116	Radical excision of bu	Forearm Excision	October 2010	63	
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16	
25260	Repair, tendon or mu	Tendon Repair	September 2007	16	
25280	Lengthening or short	Tendon Repair	September 2007	16	
25310	Tendon transplantat	Forearm Repair	February 2008	15	
25565	Closed treatment of	PE Subcommittee	April 2016	46	
25605	Closed treatment of	PE Subcommittee	April 2016	46	
25606	Percutaneous skeleta	RAW	September 2014	21	
25607	Open treatment of d	RAW	September 2014	21	
25608	Open treatment of d	RAW	September 2014	21	
25609	Open treatment of d	RAW	September 2014	21	

25675	Closed treatment of	PE Subcommittee	April 2016	46	
26080	Arthrotomy, with ex	RAW	October 2015	21	
26356	Repair or advanceme	Repair Flexor Tendon	April 2015	25	
26357	Repair or advanceme	Repair Flexor Tendon	April 2015	25	
26358	Repair or advanceme	Repair Flexor Tendon	April 2015	25	
26480	Transfer or transplar	Tendon Transfer	April 2009	26	
26700	Closed treatment of	PE Subcommittee	April 2016	46	
26750	Closed treatment of	PE Subcommittee	April 2016	46	
26755	Closed treatment of	PE Subcommittee	April 2016	46	
26770	Closed treatment of	PE Subcommittee	April 2016	46	
27048	Excision, tumor, soft	Excision of Subfascial Soft T	February 2009	05	
27062	Excision; trochanteri	Trochanteric Bursa Excision	April 2008	32	
27096	Injection procedure f	Injection for Sacroiliac Joint	April 2011	06	
27130	Arthroplasty, acetab	Arthroplasty	January 2013	20	
27134	Revision of total hip	RAW	September 2014	21	
27193	Closed treatment of	Closed Treatment of Pelvic	January 2016	07	
27194	Closed treatment of	Closed Treatment of Pelvic	January 2016	07	
27197	Closed treatment of	Closed Treatment of Pelvic	January 2016	07	
27198	Closed treatment of	Closed Treatment of Pelvic	January 2016	07	
27230	Closed treatment of	PE Subcommittee	April 2016	46	
27232	Closed treatment of	PE Subcommittee	April 2016	46	
27236	Open treatment of fe	Open Treatment of Femora	October 2012	16	
27240	Closed treatment of	PE Subcommittee	April 2016	46	
27244	Treatment of intertr	Treat Thigh Fracture	October 2008	12	
27245	Treatment of intertr	Treat Thigh Fracture	October 2008	12	
27250	Closed treatment of	Closed Treatment of Hip Dis	February 2008	18	
27252	Closed treatment of	PE Subcommittee	April 2016	46	
27265	Closed treatment of	PE Subcommittee	April 2016	46	
27266	Closed treatment of	PE Subcommittee	April 2016	46	
27324	Biopsy, soft tissue of	Soft Tissue Biopsy	September 2007	16	
27370	Injection of contrast	Injection for Knee Arthrogra	October 2016	12	
27446	Arthroplasty, knee, c	Arthroplasty	January 2013	20	
27447	Arthroplasty, knee, c	Arthroplasty	January 2013	20	
27502	Closed treatment of	PE Subcommittee	April 2016	46	
27510	Closed treatment of	PE Subcommittee	April 2016	46	
27550	Closed treatment of	PE Subcommittee	April 2016	46	
27552	Closed treatment of	PE Subcommittee	April 2016	46	
27615	Radical resection of t	Radical Resecion of Soft Tis	February 2009	6	
27619	Excision, tumor, soft	Excision of Subfascial Soft T	February 2009	5	
27640	Partial excision (crat	Leg Bone Resection Partial	February 2008	19	
27641	Partial excision (crat	Leg Bone Resection Partial	February 2008	19	
27650	Repair, primary, ope	Achilles Tendon Repair	February 2008	20	
27654	Repair, secondary, A	Achilles Tendon Repair	April 2008	33	
27685	Lengthening or short	Tendon Repair	September 2007	16	

27687	Gastrocnemius reces	Tendon Repair	September 2007	16	
27690	Transfer or transplar	Tendon Transfer	April 2008	34	
27691	Transfer or transplar	Tendon Transfer	April 2008	34	
27752	Closed treatment of	PE Subcommittee	April 2016	46	
27762	Closed treatment of	PE Subcommittee	April 2016	46	
27792	Open treatment of d	Treatment of Ankle Fractur	February 2011	18	
27810	Closed treatment of	PE Subcommittee	April 2016	46	
27814	Open treatment of b	RAW	September 2014	21	
27818	Closed treatment of	Treatment of Fracture	April 2016	46	
27825	Closed treatment of	PE Subcommittee	April 2016	46	
27840	Closed treatment of	PE Subcommittee	April 2016	46	
28002	Incision and drainage	RAW	April 2014	52	
28111	Ostectomy, complet	Ostectomy	September 2007	16	
28118	Ostectomy, calcaneu	Ostectomy	September 2007	16	
28120	Partial excision (crat	Removal of Foot Bone	February 2011	19	
28122	Partial excision (crat	Removal of Foot Bone	February 2011	19	
28124	Partial excision (crat	Toe Removal	September 2007	16	
28285	Correction, hammert	Orthopaedic Surgery/Podia	October 2010	31	
28289	Hallux rigidus correct	Bunionectomy	January 2016	08	
28290	Correction, hallux va	Bunionectomy	January 2016	08	
28291	Hallux rigidus correct	Bunionectomy	January 2016	08	
28292	Correction, hallux va	Bunionectomy	January 2016	08	
28293	Correction, hallux va	Bunionectomy	January 2016	08	
28294	Correction, hallux va	Bunionectomy	January 2016	08	
28295	Correction, hallux va	Bunionectomy	January 2016	08	
28296	Correction, hallux va	Bunionectomy	January 2016	08	
28297	Correction, hallux va	Bunionectomy	January 2016	08	
28298	Correction, hallux va	Bunionectomy	January 2016	08	
28299	Correction, hallux va	Bunionectomy	January 2016	08	
28300	Osteotomy; calcaneu	Osteotomy	September 2007	16	
28310	Osteotomy, shorteni	Osteotomy	September 2007	16	
28470	Closed treatment of	Treatment of Metatarsal Fr	September 2011	15	
28660	Closed treatment of	PE Subcommittee	April 2016	46	
28725	Arthrodesis; subtalar	Foot Arthrodesis	February 2011	20	
28730	Arthrodesis, midtarsa	Foot Arthrodesis	February 2011	20	
28740	Arthrodesis, midtarsa	Arthrodesis	September 2007	16	
28825	Amputation, toe; int	Partial Amputation of Toe	February 2011	21	
29075	Application, cast; elb	Application of Forearm Cast	September 2011	16	
29200	Strapping; thorax	Strapping Procedures	January 2014	35	
29220	Deleted from CPT	Strapping; low back	April 2008	57	
29240	Strapping; shoulder (	Strapping Procedures	January 2014	35	
29260	Strapping; elbow or v	Strapping Procedures	January 2014	35	
29280	Strapping; hand or fi	Strapping Procedures	January 2014	35	
29445	Application of rigid t	Application of Rigid Leg Cas	April 2016	17	

29520	Strapping; hip	Strapping Procedures	January 2014	35	
29530	Strapping; knee	Strapping Procedures	January 2014	35	
29540	Strapping; ankle and,	Strapping Lower Extremity	April 2010	34	
29550	Strapping; toes	Strapping Lower Extremity	April 2010	34	
29580	Strapping; Unna boo	Strapping Multi Layer Comp	October 2016	13	
29581	Application of multi-	Strapping Multi Layer Comp	October 2016	13	
29582	Application of multi-	New Technology Review	October 2015	21	
29583	Application of multi-	New Technology Review	October 2015	21	
29584	Application of multi-	New Technology Review	October 2015	21	October 2018
29590	Denis-Browne splint	Dennis-Browne splint revisi	April 2012	07	
29805	Arthroscopy, shoulde	Arthroscopy	April 2008	51	
29822	Arthroscopy, shoulde	Arthroscopy	February 2009	26	
29823	Arthroscopy, shoulder, surgical; debridement, ex		October 2012	27	
29824	Arthroscopy, shoulde	RAW	October 2015	21	
29826	Arthroscopy, shoulde	RAW	October 2015	21	
29827	Arthroscopy, shoulde	RAW	October 2015	21	
29828	Arthroscopy, shoulde	RAW	October 2015	21	
29830	Arthroscopy, elbow,	Arthroscopy	April 2008	51	
29840	Arthroscopy, wrist, d	Arthroscopy	April 2008	51	
29870	Arthroscopy, knee, d	Arthroscopy	October 2009	13	
29888	Arthroscopically aide	ACL Repair	April 2008	38	
29900	Arthroscopy, metaca	Arthroscopy	April 2008	51	
30140	Submucous resectior	Resection of Inferior Turbin	October 2016	14	
30465	Repair of nasal vestik	Repair Nasal Stenosis	September 2007	16	
30901	Control nasal hemor	Control Nasal Hemorrhage	April 2016	20	
30903	Control nasal hemor	Control Nasal Hemorrhage	April 2016	20	
30905	Control nasal hemor	Control Nasal Hemorrhage	April 2016	20	
30906	Control nasal hemor	Control Nasal Hemorrhage	April 2016	20	
31231	Nasal endoscopy, dia	Nasal/Sinus Endoscopy	January 2012	19	
31237	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2013	19	
31238	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2013	19	
31239	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2013	19	
31240	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2013	19	
31254	Nasal/sinus endosco	Nasal/Sinus Endoscopy			January 2017
31255	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2015		January 2017
31256	Nasal/sinus endosco	Nasal/Sinus Endoscopy			January 2017
31267	Nasal/sinus endosco	Nasal/Sinus Endoscopy			January 2017
31276	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2015		January 2017
31287	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2015		January 2017
31288	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2015		January 2017
31296	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2015		January 2017
31297	Nasal/sinus endosco	Nasal/Sinus Endoscopy	April 2015		January 2017
31500	Intubation, endotrac	Endotracheal Intubation	January 2016	29	
31551	Laryngoplasty; for la	Laryngoplasty	January 2016	09	

31552	Laryngoplasty; for la	Laryngoplasty	January 2016	09	
31553	Laryngoplasty; for la	Laryngoplasty	January 2016	09	
31554	Laryngoplasty; for la	Laryngoplasty	January 2016	09	
31571	Laryngoscopy, direct	Laryngoscopy	September 2007	16	
31575	Laryngoscopy, flexible; diagnostic		October 2015	08	
31579	Laryngoscopy, flexibl	Laryngoscopy	October 2015	08	
31580	Laryngoplasty; for la	Laryngoplasty	January 2016	09	
31582	Laryngoplasty; for la	Laryngoplasty	January 2015	09	
31584	Laryngoplasty; with (	Laryngoplasty	January 2016	09	
31587	Laryngoplasty, cricoi	Laryngoplasty	January 2016	09	
31588	Laryngoplasty, not o	Laryngoplasty	January 2016	09	
31591	Laryngoplasty, media	Laryngoplasty	January 2016	09	
31592	Cricotracheal resecti	Laryngoplasty	January 2016	09	
31600	Tracheostomy, planr	Tracheostomy	April 2016	21	
31601	Tracheostomy, planr	Tracheostomy	April 2016	21	
31603	Tracheostomy, emer	Tracheostomy	April 2016	21	
31605	Tracheostomy, emer	Tracheostomy	April 2016	21	
31610	Tracheostomy, fenes	Tracheostomy	October 2016	15	
31611	Construction of trach	Speech Prosthesis	February 2008	S	
31620	Endobronchial ultras	Endobronchial Ultrasound -	January 2015	05	
31622	Bronchoscopy, rigid (	Bronchial Aspiration of Trac	January 2015	05	
31623	Bronchoscopy, rigid (	RAW	October 2016	35	January 2017
31625	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31626	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31628	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31629	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31632	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31633	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31645	Bronchoscopy, rigid (	Bronchial Aspiration of Trac	October 2016	08	
31646	Bronchoscopy, rigid (	Bronchial Aspiration of Trac	October 2016	08	
31652	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31653	Bronchoscopy, rigid (	Endobronchial Ultrasound -	January 2015	05	
31654	Bronchoscopy, rigid (	Bronchial Aspiration of Trac	January 2015	05	
31XX1		Nasal/Sinus Endoscopy			January 2017
31XX2		Nasal/Sinus Endoscopy			January 2017
31XX3		Nasal/Sinus Endoscopy			January 2017
31XX4		Nasal/Sinus Endoscopy			January 2017
31XX5		Nasal/Sinus Endoscopy			January 2017
32201	Pneumonostomy; wi	Drainage of Abscess	January 2013	04	
32420	Pneumocentesis, pu	Thoracentesis with Tube Ins	September 2011	17	
32421	Thoracentesis, punct	Thoracentesis with Tube Ins	September 2011	17	
32422	Thoracentesis with ir	Thoracentesis with Tube Ins	September 2011	17	
32440	Removal of lung, pne	RAW Review	January 2013	34	
32480	Removal of lung, oth	RAW Review	January 2013	34	

32482	Removal of lung, oth	RAW Review	January 2013	34	
32491	Removal of lung, oth	RAW Review	January 2012	30	
32551	Tube thoracostomy,	Chest Tube Thoracostomy	April 2012	10	
32554	Thoracentesis, needl	Chest Tube Interventions	October 2012	04	
32555	Thoracentesis, needl	Chest Tube Interventions	October 2012	04	
32556	Pleural drainage, per	Chest Tube Interventions	October 2012	04	
32557	Pleural drainage, per	Chest Tube Interventions	October 2012	04	
32663	Thoracoscopy, surgic	RAW review	January 2013	34	
33207	Insertion of new or r	Pacemaker or Pacing Cariov	April 2011	10	
33208	Insertion of new or r	Pacemaker or Pacing Cariov	April 2011	10	
33212	Insertion of pacemak	Pacemaker or Pacing Cariov	September 2011	04	
33213	Insertion of pacemak	Pacemaker or Pacing Cariov	September 2011	04	
33221	Insertion of pacemak	Pacemaker or Pacing Cariov	September 2011	04	
33227	Removal of permane	Pacemaker or Pacing Cariov	September 2011	04	
33228	Removal of permane	Pacemaker or Pacing Cariov	September 2011	04	
33229	Removal of permane	Pacemaker or Pacing Cariov	September 2011	04	
33230	Insertion of implanta	Pacemaker or Pacing Cariov	September 2011	04	
33231	Insertion of implanta	Pacemaker or Pacing Cariov	September 2011	04	
33233	Removal of permane	Pacemaker or Pacing Cariov	April 2011	10	
33240	Insertion of implanta	Pacemaker or Pacing Cariov	September 2011	04	
33241	Removal of implanta	Pacemaker or Pacing Cariov	April 2011	10	
33249	Insertion or replacen	Pacemaker or Pacing Cariov	April 2011	10	
33262	Removal of implanta	Pacemaker or Pacing Cariov	September 2011	04	
33263	Removal of implanta	Pacemaker or Pacing Cariov	September 2011	04	
33264	Removal of implanta	Pacemaker or Pacing Cariov	September 2011	04	
33282	Implantation of patie	Implantation and Removal (	April 2013	20	
33284	Removal of an impla	Implantation and Removal (	April 2013	20	
33405	Replacement, aortic	Valve Replacement and CAE	April 2012	40	
33430	Replacement, mitral	Valve Replacement and CAE	April 2012	40	
33533	Coronary artery bypa	Valve Replacement and CAE	April 2012	40	
33620	Application of right a	New Technology Review	January 2015	35	
33621	Transthoracic inserti	New Technology Review	January 2015	35	
33622	Reconstruction of co	New Technology Review	January 2015	35	
33863	Ascending aorta graf	Aortic Graft	February 2008	S	
33945	Heart transplant, wit	ECMO-ECLS	April 2014	11	
33946	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33947	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33948	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33949	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33951	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33952	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33953	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33954	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33956	Extracorporeal mem	ECMO-ECLS	April 2014	11	

33957	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33958	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33959	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33960	Prolonged extracorp	ECMO-ECLS	April 2014	11	
33961	Prolonged extracorp	ECMO-ECLS	April 2014	11	
33962	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33963	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33964	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33965	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33966	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33969	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33984	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33985	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33986	Extracorporeal mem	ECMO-ECLS	April 2014	11	
33987	Arterial exposure wit	ECMO-ECLS	April 2014	11	
33988	Insertion of left hear	ECMO-ECLS	April 2014	11	
33989	Removal of left hear	ECMO-ECLS	April 2014	11	
34800	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
34802	Endovascular repair (	Endovascular Repair Proced	April 2014	52	January 2017
34803	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
34804	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
34805	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
34806	Transcatheter placer	Endovascular Repair Procedures (EVAR)			January 2017
34812	Open femoral artery	Endovascular Repair Proced	April 2014	52	January 2017
34820	Open iliac artery exp	Endovascular Repair Procedures (EVAR)			January 2017
34825	Placement of proxim	Endovascular Repair Proced	April 2014	52	January 2017
34826	Placement of proxim	Endovascular Repair Procedures (EVAR)			January 2017
34833	Open iliac artery exp	Endovascular Repair Procedures (EVAR)			January 2017
34834	Open brachial artery	Endovascular Repair Procedures (EVAR)			January 2017
34900	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
34X01		Endovascular Repair Procedures (EVAR)			January 2017
34X02		Endovascular Repair Procedures (EVAR)			January 2017
34X03		Endovascular Repair Procedures (EVAR)			January 2017
34X04		Endovascular Repair Procedures (EVAR)			January 2017
34X05		Endovascular Repair Procedures (EVAR)			January 2017
34X06		Endovascular Repair Procedures (EVAR)			January 2017
34X07		Endovascular Repair Procedures (EVAR)			January 2017
34X08		Endovascular Repair Procedures (EVAR)			January 2017
34X09		Endovascular Repair Procedures (EVAR)			January 2017
34X10		Endovascular Repair Procedures (EVAR)			January 2017
34X11		Endovascular Repair Procedures (EVAR)			January 2017
34X12		Endovascular Repair Procedures (EVAR)			January 2017
34X13		Endovascular Repair Procedures (EVAR)			January 2017
34X15		Endovascular Repair Procedures (EVAR)			January 2017

34X19		Endovascular Repair Procedures (EVAR)			January 2017
34X20		Endovascular Repair Procedures (EVAR)			January 2017
35301	Thromboendarterect	Thromboendarterectomy	January 2013	21	
35450	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35452	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35454	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35456	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35458	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35459	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35460	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35470	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35471	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35472	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35473	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35474	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35475	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35476	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
35490	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35491	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35492	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35493	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35494	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
35495	Deleted from CPT	Endovascular Revascularizat	April 2010	07	
36000	Introduction of need	Introduction of Needle or In	April 2010	45	
36010	Introduction of cathe	Introduction of Catheter	October 2013	18	
36140	Introduction of need	Introduction of Needle or In	October 2013	18	
36145	Deleted from CPT	Arteriovenous Shunt Imagin	April 2009	9	
36147	Introduction of need	Dialysis Circuit -1	January 2016	14	
36148	Introduction of need	Dialysis Circuit -1	January 2016	14	
36215	Selective catheter pl	Selective Catheter Placeme	April 2016	23	
36216	Selective catheter pl	Selective Catheter Placeme	April 2016	23	
36217	Selective catheter pl	Selective Catheter Placeme	April 2016	23	
36218	Selective catheter pl	Selective Catheter Placeme	April 2016	23	
36221	Non-selective cathet	Cervicocerebral Angiograph	April 2012	14	
36222	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36223	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36224	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36225	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36226	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36227	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36228	Selective catheter pl	Cervicocerebral Angiograph	April 2012	14	
36245	Selective catheter pl	Selective Catheter Placeme	January 2013	22	
36246	Selective catheter pl	Vascular Injection Procedur	October 2012	27	
36247	Selective catheter pl	Vascular Injection Procedur	October 2012	27	

36248	Selective catheter pl	Catheter Placement	October 2009	40	
36251	Selective catheter pl	Renal Angiography	April 2011	11	
36252	Selective catheter pl	Renal Angiography	April 2011	11	
36253	Superselective cathe	Renal Angiography	April 2011	11	
36254	Superselective cathe	Renal Angiography	April 2011	11	
36410	Venipuncture, age 3	Venipunture	April 2010	36	
36475	Endovenous ablation	Endovenous Ablation	April 2014	38	
36476	Endovenous ablation	Endovenous Ablation	April 2014	38	
36478	Endovenous ablation	Endovenous Ablation	April 2014	38	
36479	Endovenous ablation	Endovenous Ablation	April 2014	38	
36481	Percutaneous portal	Interventional Radiology Pr	February 2009	21	
36511	Therapeutic apheres	Therapeutic Apheresis			January 2017
36512	Therapeutic apheres	Therapeutic Apheresis			January 2017
36513	Therapeutic apheres	Therapeutic Apheresis			January 2017
36514	Therapeutic apheres	Therapeutic Apheresis			January 2017
36515	Therapeutic apheres	Therapeutic Apheresis			January 2017
36516	Therapeutic apheres	Therapeutic Apheresis	April 2016	24	January 2017
36522	Photopheresis, extra	Therapeutic Apheresis			January 2017
36555	Insertion of non-tunn	Insertion of Catheter	October 2016	16	
36556	Insertion of non-tunn	Insertion of Catheter	October 2016	16	
36568	Insertion of peripher	Insertion of PICC Catheter	October 2016	17	
36569	Insertion of peripher	Insertion of PICC Catheter	October 2016	17	October 2021
36584	Replacement, compl	Insertion of PICC Catheter	October 2016	17	
36620	Arterial catheterizati	Insertion of Catheter	October 2016	16	
36818	Arteriovenous anast	Arteriovenous Anastomosis	October 2013	10	
36819	Arteriovenous anast	Arteriovenous Anastomosis	October 2013	10	
36820	Arteriovenous anast	Arteriovenous Anastomosis	October 2013	10	
36821	Arteriovenous anast	Arteriovenous Anastomosis	October 2013	10	
36822	Insertion of cannula(	ECMO-ECLS	April 2014	11	
36825	Creation of arteriove	Arteriovenous Anastomosis	October 2013	10	
36830	Creation of arteriove	Arteriovenous Anastomosis	October 2013	10	
36834	Deleted from CPT	Aneurysm Repair	September 2007	16	
36870	Thrombectomy, perc	Dialysis Circuit -1	January 2016	14	
36901	Introduction of need	Dialysis Circuit -1	January 2016	14	
36902	Introduction of need	Dialysis Circuit -1	January 2016	14	
36903	Introduction of need	Dialysis Circuit -1	January 2016	14	
36904	Percutaneous translu	Dialysis Circuit -1	January 2016	14	
36905	Percutaneous translu	Dialysis Circuit -1	January 2016	14	
36906	Percutaneous translu	Dialysis Circuit -1	January 2016	14	
36907	Transluminal balloon	Dialysis Circuit -1	January 2016	14	
36908	Transcatheter placer	Dialysis Circuit -1	January 2016	14	
36909	Dialysis circuit perma	Dialysis Circuit -1	January 2016	14	
37183	Revision of transvend	Interventional Radiology Pr	February 2009	21	
37191	Insertion of intravasc	IVC Transcatheter Procedur	April 2011	12	

37192	Repositioning of intr	IVC Transcatheter Procedur	April 2011	12	
37193	Retrieval (removal) c	IVC Transcatheter Procedur	April 2011	12	
37201	Transcatheter therap	Bundle Thrombolysis	April 2012	15	
37203	Transcatheter retriev	Transcatheter Procedures	September 2011	07	
37204	Transcatheter occlus	Embolization and Occlusion	April 2013	08	
37205	Transcatheter placer	Endovascular Revascularizat	April 2010	07	
37206	Transcatheter placer	Endovascular Revascularizat	April 2010	07	
37207	Transcatheter placer	Endovascular Revascularizat	April 2010	07	
37208	Transcatheter placer	Endovascular Revascularizat	April 2010	07	
37209	Exchange of a previo	Bundle Thrombolysis	April 2012	15	
37210	Uterine fibroid embo	Embolization and Occlusion	April 2013	08	
37211	Transcatheter therap	Bundle Thrombolysis	April 2012	15	
37212	Transcatheter therap	Bundle Thrombolysis	April 2012	15	
37213	Transcatheter therap	Bundle Thrombolysis	April 2012	15	
37214	Transcatheter therap	Bundle Thrombolysis	April 2012	15	
37220	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37221	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37222	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37223	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37224	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37225	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37226	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37227	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37228	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37229	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37230	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37231	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37232	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37233	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37234	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37235	Revascularization, en	Endovascular Revascularizat	April 2010	07	
37236	Transcatheter placer	Transcatheter Placement of	April 2013	09	
37237	Transcatheter placer	Transcatheter Placement of	April 2013	09	
37238	Transcatheter placer	Transcatheter Placement of	April 2013	09	
37239	Transcatheter placer	Transcatheter Placement of	April 2013	09	
37241	Vascular embolizatio	Embolization and Occlusion	April 2013	08	
37242	Vascular embolizatio	Embolization and Occlusion	April 2013	08	
37243	Vascular embolizatio	Embolization and Occlusion	April 2013	08	
37244	Vascular embolizatio	Embolization and Occlusion	April 2013	08	
37246	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
37247	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
37248	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
37249	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
37250	Intravascular ultraso	Intravascular Ultrasound	January 2015	07	

37251	Intravascular ultraso	Intravascular Ultrasound	January 2015	07	
37252	Intravascular ultraso	Intravascular Ultrasound	January 2015	07	
37253	Intravascular ultraso	Intravascular Ultrasound	January 2015	07	
37609	Ligation or biopsy, te	Ligation	September 2007	16	
37619	Ligation of inferior ve	Ligation of Inferior Vena Ca	April 2011	13	
37620	Interruption, partial (	Major Vein Revision	April 2010	45	
37760	Ligation of perforato	Perorator Vein Ligation	April 2009	10	
37761	Ligation of perforato	Perforator Vein Ligation	April 2009	10	
37765	Stab phlebectomy of	Stab Phlebectomy of Varico	October 2013	35	October 2017
37766	Stab phlebectomy of	Stab Phlebectomy of Varico	October 2013	35	October 2017
37785	Ligation, division, an	Ligation	September 2007	16	
38220	Bone marrow; aspira	Diagnostic Bone Marrow As	April 2016	06	
38221	Bone marrow; biopsy	Diagnostic Bone Marrow As	April 2016	06	
382X3		Diagnostic Bone Marrow As	April 2016	06	
38542	Dissection, deep jugu	Jugular Node Dissection	April 2008	40	
38570	Laparoscopy, surgica	Laparoscopy Lymphadenect	September 2014	12	
38571	Laparoscopy, surgica	Laparoscopy Lymphadenect	September 2014	12	
38572	Laparoscopy, surgica	Laparoscopy Lymphadenect	September 2014	12	
39400	Mediastinoscopy, inc	Mediastinoscopy with Biops	January 2015	08	
39401	Mediastinoscopy; inc	Mediastinoscopy with Biops	January 2015	08	
39402	Mediastinoscopy; wi	Mediastinoscopy with Biops	January 2015	08	
40490	Biopsy of lip	Biopsy of Lip	September 2011	21	
40650	Repair lip, full thickn	PE Subcommittee	April 2016	46	
40800	Drainage of abscess,	RAW	April 2014	52	
40812	Excision of lesion of	RAW	April 2014	52	
40820	Destruction of lesion	RAW	April 2014	52	
41530	Submucosal ablation	Submucosal ablation of ton	April 2015	26	
42145	Palatopharyngoplast	Palatopharyngoplasty	April 2008	41	
42415	Excision of parotid tu	Excise Parotid Gland/Lesion	February 2011	27	
42420	Excision of parotid tu	Excise Parotid Gland/Lesion	February 2011	27	
42440	Excision of submand	Submandibular Gland Excisi	October 2010	64	
43191	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43192	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43193	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43194	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43195	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43196	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43197	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43198	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43200	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43201	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43202	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43204	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43205	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	

43206	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43211	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43212	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43213	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43214	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43215	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43216	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43217	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43219	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43220	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43226	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43227	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43228	Esophagoscopy, rigid	Esophagoscopy	October 2012	10	
43229	Esophagoscopy, flexi	Esophagoscopy	October 2012	10	
43231	Esophagoscopy, flexi	Esophagoscopy	April 2013	10	
43232	Esophagoscopy, flexi	Esophagoscopy	April 2013	10	
43233	Esophagogastroduod	EGD	January 2013	08	
43234	Upper gastrointestin	Esophagoscopy	April 2013	10	
43235	Esophagogastroduod	EGD	January 2013	08	
43236	Esophagogastroduod	EGD	January 2013	08	
43237	Esophagogastroduod	EGD	April 2013	11	
43238	Esophagogastroduod	EGD	April 2013	11	
43239	Esophagogastroduod	EGD	January 2013	08	
43240	Esophagogastroduod	EGD	April 2013	11	
43241	Esophagogastroduod	EGD	January 2013	08	
43242	Esophagogastroduod	EGD	April 2013	11	
43243	Esophagogastroduod	EGD	January 2013	08	
43244	Esophagogastroduod	EGD	January 2013	08	
43245	Esophagogastroduod	EGD	January 2013	08	
43246	Esophagogastroduod	EGD	April 2013	11	
43247	Esophagogastroduod	EGD	January 2013	08	
43248	Esophagogastroduod	EGD	January 2013	08	
43249	Esophagogastroduod	EGD	January 2013	08	
43250	Esophagogastroduod	EGD	January 2013	08	
43251	Esophagogastroduod	EGD	April 2013	11	
43253	Esophagogastroduod	EGD	April 2013	11	
43254	Esophagogastroduod	EGD	January 2013	08	
43255	Esophagogastroduod	EGD	January 2013	08	
43256	Upper gastrointestin	EGD	January 2013	08	
43257	Esophagogastroduod	EGD	January 2013	08	
43258	Upper gastrointestin	EGD	January 2013	08	
43259	Esophagogastroduod	EGD	April 2013	11	
43260	Endoscopic retrograd	ERCP	April 2013	12	
43261	Endoscopic retrograd	ERCP	April 2013	12	

43262	Endoscopic retrograd	ERCP	April 2013	12	
43263	Endoscopic retrograd	ERCP	April 2013	12	
43264	Endoscopic retrograd	ERCP	April 2013	12	
43265	Endoscopic retrograd	ERCP	April 2013	12	
43266	Esophagogastroduod	EGD	January 2013	08	
43267	Endoscopic retrograd	ERCP	April 2013	12	
43268	Endoscopic retrograd	ERCP	April 2013	12	
43269	Endoscopic retrograd	ERCP	April 2013	12	
43270	Esophagogastroduod	EGD	January 2013	08	
43271	Endoscopic retrograd	ERCP	April 2013	12	
43272	Endoscopic retrograd	ERCP	April 2013	12	
43273	Endoscopic cannulat	ERCP	April 2013	12	
43274	Endoscopic retrograd	ERCP	April 2013	12	
43275	Endoscopic retrograd	ERCP	April 2013	12	
43276	Endoscopic retrograd	ERCP	April 2013	12	
43277	Endoscopic retrograd	ERCP	April 2013	12	
43278	Endoscopic retrograd	ERCP	April 2013	12	
43450	Dilation of esophagu	Dilation of Esophagus	October 2012	17	
43453	Dilation of esophagu	Dilation of Esophagus	October 2012	17	
43456	Dilation of esophagu	Dilation of Esophagus	October 2012	17	
43458	Dilation of esophagu	Dilation of Esophagus	October 2012	17	
44143	Colectomy, partial; w	RAW	January 2016	54	
44205	Laparoscopy, surgica	Laproscopic Procedures	October 2008	26	
44207	Laparoscopy, surgica	Laproscopic Procedures	October 2008	26	
44380	Ileoscopy, through st	Ileoscopy□leoscopy	October 2013	04	
44381	Ileoscopy, through st	Ileoscopy	October 2013	04	
44382	Ileoscopy, through st	Ileoscopy□leoscopy□leoscopy	October 2013	04	
44383	Ileoscopy, through st	Ileoscopy	October 2013	04	
44384	Ileoscopy, through st	Ileoscopy	October 2013	04	
44385	Endoscopic evaluatio	Pouchoscopy	October 2013	05	
44386	Endoscopic evaluatio	Pouchoscopy	October 2013	05	
44388	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44389	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44390	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44391	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44392	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44393	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44394	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44397	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44401	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44402	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44403	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44404	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44405	Colonoscopy through	Colonoscopy through stoma	January 2014	08	

44406	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44407	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44408	Colonoscopy through	Colonoscopy through stoma	January 2014	08	
44901	Incision and drainage	Drainage of Abscess	January 2013	04	
44970	Laparoscopy, surgica	Laproscopic Procedures	October 2008	26	
45170	Deleted from CPT	Rectal Tumor Excision	February 2009	11	
45171	Excision of rectal tun	Rectal Tumor Excision	February 2009	11	
45172	Excision of rectal tun	Rectal Tumor Excision	February 2009	11	
45330	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45331	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45332	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45333	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45334	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45335	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45337	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45338	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45339	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45340	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45341	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	January 2014	09	
45342	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	January 2014	09	
45345	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45346	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45347	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	October 2013	06	
45349	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	April 2014	13	
45350	Sigmoidoscopy, flexi	Flexible Sigmoidoscopy	April 2014	13	
45355	Colonoscopy, rigid or	Colonoscopy via stoma	January 2014	08	
45378	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45379	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45380	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45381	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45382	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45383	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45384	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45385	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45386	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45387	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45388	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45389	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45390	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45391	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45392	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45393	Colonoscopy, flexible	Colonoscopy	January 2014	10	
45398	Colonoscopy, flexible	Colonoscopy	January 2014	10	
46200	Fissurectomy, includ	Fissurectomy	September 2007	16	

46500	Injection of sclerosin	Hemorrhoid Injection	September 2014	13	
47011	Hepatotomy; for per	Drainage of Abscess	January 2013	04	
47135	Liver allotransplanta	Liver Allotransplantation	September 2014	14	
47136	Liver allotransplanta	RAW	April 2014	52	
47382	Ablation, 1 or more l	Interventional Radiology Pr	October 2008	13	
47490	Cholecystostomy, pe	Cholecystostomy	October 2009	04	
47500	Injection procedure f	Percutaneous Biliary Proced	October 2015	06	
47505	Injection procedure f	Percutaneous Biliary Proced	October 2015	06	
47510	Introduction of percu	Percutaneous Biliary Proced	October 2015	06	
47511	Introduction of percu	Percutaneous Biliary Proced	October 2015	06	
47525	Change of percutane	Percutaneous Biliary Proced	October 2015	06	
47530	Revision and/or reins	Percutaneous Biliary Proced	October 2015	06	
47531	Injection procedure f	Percutaneous Biliary Proced	October 2015	04	
47532	Injection procedure f	Percutaneous Biliary Proced	October 2015	04	
47533	Placement of biliary	Percutaneous Biliary Proced	October 2015	04	
47534	Placement of biliary	Percutaneous Biliary Proced	October 2015	04	
47535	Conversion of extern	Percutaneous Biliary Proced	October 2015	04	
47536	Exchange of biliary d	Percutaneous Biliary Proced	October 2015	04	
47537	Removal of biliary dr	Percutaneous Biliary Proced	October 2015	04	
47538	Placement of stent(s	Percutaneous Biliary Proced	October 2015	04	
47539	Placement of stent(s	Percutaneous Biliary Proced	October 2015	04	
47540	Placement of stent(s	Percutaneous Biliary Proced	October 2015	04	
47541	Placement of access	Percutaneous Biliary Proced	October 2015	04	
47542	Balloon dilation of bi	Percutaneous Biliary Proced	October 2015	04	
47543	Endoluminal biopsy(i	Percutaneous Biliary Proced	October 2015	04	
47544	Removal of calculi/d	Percutaneous Biliary Proced	October 2015	04	
47560	Laparoscopy, surgica	RAW	October 2013	18	
47562	Laparoscopy, surgica	RAW review	September 2014	21	
47563	Laparoscopy, surgica	RAW review	October 2013	18	
47600	Cholecystectomy;	Cholecystectomy	April 2012	36	
47605	Cholecystectomy; wi	Cholecystectomy	April 2012	36	
48102	Biopsy of pancreas, p	Percutaneous Needle Biops	September 2007	16	
48511	External drainage, ps	Drainage of Abscess	January 2013	04	
49021	Drainage of peritone	Drainage of Abscess	January 2013	04	
49041	Drainage of subdiaph	Drainage of Abscess	January 2013	04	
49061	Drainage of retroper	Drainage of Abscess	January 2013	04	
49080	Peritoneocentesis, a	Peritoneocentesis	October 2010	5	
49081	Peritoneocentesis, a	Peritoneocentesis	October 2010	5	
49082	Abdominal paracent	Abdominal Paracentesis	October 2010	05	
49083	Abdominal paracent	Abdominal Paracentesis	October 2010	05	
49084	Peritoneal lavage, in	Abdominal Paracentesis	October 2010	05	
49405	Image-guided fluid c	Drainage of Abscess	January 2013	04	
49406	Image-guided fluid c	Drainage of Abscess	January 2013	04	
49407	Image-guided fluid c	Drainage of Abscess	January 2013	04	

49418	Insertion of tunneled	Intraperitoneal Catheter Co	April 2010	11	
49420	Deleted from CPT	Insertion of Intraperitoneal	October 2009	40	
49421	Insertion of tunneled	Intraperitoneal Catheter Co	April 2010	11	
49422	Removal of tunneled	intraperitoneal catheter	October 2016	35	April 2017
49505	Repair initial inguina	RAW review	January 2012	30	
49507	Repair initial inguina	Hernia Repair	February 2011	29	
49521	Repair recurrent ingu	Hernia Repair	February 2011	29	
49587	Repair umbilical herr	Hernia Repair	February 2011	29	
49652	Laparoscopy, surgica	Laparoscopic Hernia Repair	February 2011	30	
49653	Laparoscopy, surgica	Laparoscopic Hernia Repair	February 2011	30	
49654	Laparoscopy, surgica	Laparoscopic Hernia Repair	February 2011	30	
49655	Laparoscopy, surgica	Laparoscopic Hernia Repair	February 2011	30	
50021	Drainage of perirena	Drainage of Abscess	January 2013	04	
50200	Renal biopsy; percut	Interventional Radiology Pr	October 2008	13	
50360	Renal allotransplanta	Renal Allotransplantation	April 2013	21	
50387	Removal and replace	Genitourinary Catheter Pro	January 2015	09	
50392	Introduction of intra	Genitourinary Catheter Pro	January 2015	09	
50393	Introduction of urete	Genitourinary Catheter Pro	January 2015	09	
50394	Injection procedure f	Genitourinary Catheter Pro	January 2015	09	
50395	Introduction of guide	Genitourinary Catheter Pro	January 2015	09	
50398	Change of nephrosto	Genitourinary Catheter Pro	January 2015	09	
50430	Injection procedure f	Genitourinary Catheter Pro	January 2015	09	
50431	Injection procedure f	Genitourinary Catheter Pro	January 2015	09	
50432	Placement of nephro	Genitourinary Catheter Pro	January 2015	09	
50434	Convert nephrostom	Genitourinary Catheter Pro	January 2015	09	
50435	Exchange nephrosto	Genitourinary Catheter Pro	January 2015	09	
50542	Laparoscopy, surgica	Laproscopic Procedures	October 2008	26	
50548	Laparoscopy, surgica	Laproscopic Procedures	October 2008	26	
50590	Lithotripsy, extracor	Lithotripsy	April 2012	42	
50605	Ureterotomy for inse	Ureterotomy	October 2015	21	
50606	Endoluminal biopsy (	Genitourinary Catheter Pro	April 2015	08	
50693	Placement of uretera	Genitourinary Catheter Pro	January 2015	09	
50694	Placement of uretera	Genitourinary Catheter Pro	January 2015	09	
50695	Placement of uretera	Genitourinary Catheter Pro	January 2015	09	
50705	Ureteral embolizatio	Genitourinary Catheter Pro	April 2015	08	
50706	Balloon dilation, uret	Genitourinary Catheter Pro	April 2015	08	
51040	Cystostomy, cystotor	Cystostomy	September 2007	16	
51102	Aspiration of bladder	Urological Procedures	April 2008	45	
51700	Bladder irrigation, sir	Bladder Catheter	January 2016	32	
51701	Insertion of non-indv	Bladder Catheter	January 2016	32	
51702	Insertion of tempora	Bladder Catheter	January 2016	32	
51703	Insertion of tempora	Bladder Catheter	January 2016	32	
51720	Bladder instillation o	Treatment of Bladder Lesio	January 2016	33	
51726	Complex cystometro	Urodynamic Studies	April 2009	16	

51727	Complex cystometro	Urodynamic Studies	April 2009	16	
51728	Complex cystometro	Urodynamic Studies	April 2009	16	
51729	Complex cystometro	Urodynamic Studies	April 2009	16	
51736	Simple uroflowmetry	Uroflowmetry	October 2010	11	
51741	Complex uroflowme	Uroflowmetry	October 2010	11	
51772	Deleted from CPT	Urodynamic Studies	April 2009	16	
51784	Electromyography st	Electromyography Studies (	January 2016	34	
51792	Stimulus evoked resp	Urinary Reflex Studies with	October 2012		
51795	Deleted from CPT	Urology Studies	February 2008	S	
51797	Voiding pressure stu	Urology Studies	February 2008	S	
51798	Measurement of pos	Voiding Pressure Studies	April 2016	25	
52000	Cystourethroscopy (s	Cystourethroscopy	January 2016	35	
52214	Cystourethroscopy, \	Cystourethroscopy	October 2015	21	October 2017
52224	Cystourethroscopy, \	Cystourethroscopy	October 2015	21	October 2017
52234	Cystourethroscopy, \	Cystourethroscopy and Ure	October 2015	21	October 2017
52235	Cystourethroscopy, \	Cystourethroscopy and Ure	October 2015	21	October 2017
52240	Cystourethroscopy, \	Cystourethroscopy and Ure	October 2015	21	October 2017
52281	Cystourethroscopy, \	Cystourethroscopy	April 2010	38	
52332	Cystourethroscopy, \	Cystourethroscopy	April 2013	13	
52341	Cystourethroscopy; \	Urological Procedures	October 2010	65	
52342	Cystourethroscopy; \	Urological Procedures	October 2010	65	
52343	Cystourethroscopy; \	Urological Procedures	October 2010	65	
52344	Cystourethroscopy w	Urological Procedures	October 2010	65	
52345	Cystourethroscopy w	Urological Procedures	October 2010	65	
52346	Cystourethroscopy w	Urological Procedures	October 2010	65	
52351	Cystourethroscopy, \	Cystourethroscopy and Ure	September 2011	23	
52352	Cystourethroscopy, \	Cystourethroscopy and Ure	September 2011	23	
52353	Cystourethroscopy, \	Cystourethroscopy	April 2013	13	
52354	Cystourethroscopy, \	Cystourethroscopy and Ure	September 2011	23	
52355	Cystourethroscopy, \	Cystourethroscopy and Ure	September 2011	23	
52356	Cystourethroscopy, \	Cystourethroscopy	April 2013	13	
52400	Cystourethroscopy w	Urological Procedures	October 2010	65	
52500	Transurethral resecti	Urological Procedures	October 2010	65	
52601	Transurethral electro	Transurethral Electrosurgica	April 2016	26	
52640	Transurethral resecti	Urological Procedures	April 2008	45	
52648	Laser vaporization of	Laser Surgery of Prostate	April 2008	57	
53445	Insertion of inflatable	Urological Procedures	February 2011	31	
53850	Transurethral destru	Transurethral Destruction o	April 2012	43	
54405	Insertion of multi-co	Urological Procedures	April 2008	45	
54410	Removal and replace	Urological Procedures	February 2011	31	
54520	Orchiectomy, simple	Removal of Testical	September 2007	16	
54530	Orchiectomy, radical	Urological Procedures	October 2010	65	
55700	Biopsy, prostate; nee	Biopsy of Prostate	January 2016	36	
55706	Biopsies, prostate, n	RAW	April 2014	52	

55840	Prostatectomy, retropubic radical, with or witho		April 2014	31	
55842	Prostatectomy, retropubic radical, with or witho		April 2014	31	
55845	Prostatectomy, retro	RAW	April 2014	31	
55866	Laparoscopy, surgica	Laparoscopic Radical Prosta	April 2015	27	
55873	Cryosurgical ablation	Cryoablation of Prostate	February 2009	25	
56515	Destruction of lesion	Destruction of Lesions	September 2007	16	
56620	Vulvectomy simple;	Partial Removal of Vulva	February 2008	D	
57155	Insertion of uterine t	RAW	October 2016	35	January 2017
57156	Insertion of a vaginal	RAW	October 2016	35	January 2017
57240	Anterior colporrhaph	Colporrhaphy with Cystoure	April 2016	27	January 2017
57250	Posterior colporrhap	Colporrhaphy with Cystoure	April 2016	27	January 2017
57260	Combined anteropos	Colporrhaphy with Cystoure	April 2016	27	January 2017
57265	Combined anteropos	Colporrhaphy with Cystoure	April 2016	27	January 2017
57287	Removal or revision	Urological Procedures	February 2008	C	
57288	Sling operation for st	Sling Operation for Stress In	February 2008	O	
58555	Hysteroscopy, diagno	Hysteroscopy	January 2016	37	
58558	Hysteroscopy, surgic	Hysteroscopy	January 2016	37	
58559	Hysteroscopy, surgic	Hysteroscopy	January 2016	37	
58560	Hysteroscopy, surgic	Hysteroscopy	January 2016	37	
58561	Hysteroscopy, surgic	Hysteroscopy	January 2016	37	
58562	Hysteroscopy, surgic	Hysteroscopy	January 2016	37	
58563	Hysteroscopy, surgic	Hysteroscopy	January 2016	37	
58660	Laparoscopy, surgica	Laproscopic Procedures	September 2007	16	
58661	Laparoscopy, surgica	Laproscopic Procedures	September 2007	16	
58823	Drainage of pelvic ab	Drainage of Abscess	January 2013	04	
59400	Routine obstetric car	Obstetrical Care	October 2009	15	
59409	Vaginal delivery only	Obstetrical Care	October 2009	15	
59410	Vaginal delivery only	Obstetrical Care	October 2009	15	
59412	External cephalic ver	Obstetrical Care	October 2009	15	
59414	Delivery of placenta	Obstetrical Care	October 2009	15	
59425	Antepartum care onl	Obstetrical Care	October 2009	15	
59426	Antepartum care onl	Obstetrical Care	October 2009	15	
59430	Postpartum care onl	Obstetrical Care	October 2009	15	
59510	Routine obstetric car	Obstetrical Care	October 2009	15	
59514	Cesarean delivery on	Obstetrical Care	October 2009	15	
59515	Cesarean delivery on	Obstetrical Care	October 2009	15	
59610	Routine obstetric car	Obstetrical Care	October 2009	15	
59612	Vaginal delivery only	Obstetrical Care	October 2009	15	
59614	Vaginal delivery only	Obstetrical Care	October 2009	15	
59618	Routine obstetric car	Obstetrical Care	October 2009	15	
59620	Cesarean delivery on	Obstetrical Care	October 2009	15	
59622	Cesarean delivery on	Obstetrical Care	October 2009	15	
60220	Total thyroid lobecto	Total Thyroid Lobectomy	April 2008	46	
60225	Total thyroid lobecto	Total Thyroid Lobectomy	April 2008	46	

60520	Thymectomy, partial	RAW Review	January 2013	34	
60521	Thymectomy, partial	RAW Review	January 2013	34	
60522	Thymectomy, partial	RAW Review	January 2013	34	
61055	Cisternal or lateral ce	Myelography	April 2014	17	
61781	Stereotactic comput	Stereotactic Computer-Assi	February 2010	13	
61782	Stereotactic comput	Stereotactic Computer-Assi	February 2010	13	
61783	Stereotactic comput	Stereotactic Computer-Assi	February 2010	13	
61793	Deleted from CPT	Stereotactic Radiosurgery	October 2008	26	
61795	Deleted from CPT	Stereotactic Radiosurgery	February 2009	38	
61796	Stereotactic radiosur	Stereotactic Radiosurgery	February 2009	38	
61797	Stereotactic radiosur	Stereotactic Radiosurgery	February 2009	38	
61798	Stereotactic radiosur	Stereotactic Radiosurgery	February 2009	38	
61799	Stereotactic radiosur	Stereotactic Radiosurgery	February 2009	38	
61800	Application of stereo	Stereotactic Radiosurgery	April 2008	16	
61885	Insertion or replacen	Vagal Nerve Stimulator	February 2010	14	
62263	Percutaneous lysis of	Epidual Lysis	October 2010	66	
62281	Injection/infusion of	Injection of Neurolytic Ager	September 2007	16	
62284	Injection procedure f	Myelography	April 2014	17	
62287	Decompression proc	Percutaneous Diskectomy	September 2007	16	
62290	Injection procedure f	Injection for discography	April 2010	45	
62302	Myelography via lum	Myelography	April 2014	17	
62303	Myelography via lum	Myelography	April 2014	17	
62304	Myelography via lum	Myelography	April 2014	17	
62305	Myelography via lum	Myelography	April 2014	17	
62310	Injection(s), of diagn	Epidural Injections	October 2015	10	
62311	Injection(s), of diagn	Epidural Injections	October 2015	10	
62318	Injection(s), including	Epidural Injections	October 2015	10	
62319	Injection(s), including	Epidural Injections	October 2015	10	
62320	Injection(s), of diagn	Epidural Injections	October 2015	10	
62321	Injection(s), of diagn	Epidural Injections	October 2015	10	
62322	Injection(s), of diagn	Epidural Injections	October 2015	10	
62323	Injection(s), of diagn	Epidural Injections	October 2015	10	
62324	Injection(s), including	Epidural Injections	October 2015	10	
62325	Injection(s), including	Epidural Injections	October 2015	10	
62326	Injection(s), including	Epidural Injections	October 2015	10	
62327	Injection(s), including	Epidural Injections	October 2015	10	
62350	Implantation, revisio	Intrathecal Epidural Cathete	October 2010	67	
62355	Removal of previous	Intrathecal Epidural Cathete	October 2010	67	
62360	Implantation or repla	Intrathecal Epidural Cathete	October 2010	67	
62361	Implantation or repla	Intrathecal Epidural Cathete	October 2010	67	
62362	Implantation or repla	Intrathecal Epidural Cathete	October 2010	67	
62365	Removal of subcutan	Intrathecal Epidural Cathete	October 2010	67	
62367	Electronic analysis of	Electronic Analysis Implante	February 2011	07	
62368	Electronic analysis of	Electronic Analysis Implante	February 2011	07	

62369	Electronic analysis of	Electronic Analysis Implante	February 2011	07	
62370	Electronic analysis of	Electronic Analysis Implante	February 2011	07	
63030	Laminotomy (hemila	RAW	September 2014	21	
63042	Laminotomy (hemila	RAW	September 2014	21	
63045	Laminectomy, facete	Laminectomy	September 2014	16	
63046	Laminectomy, facete	Laminectomy	September 2014	16	
63047	Laminectomy, facete	Laminectomy	January 2013	24	
63048	Laminectomy, facete	Laminectomy	January 2013	24	
63056	Transpedicular apprd	RAW	October 2015	21	
63075	Discectomy, anterior	Arthrodesis Including Disce	February 2010	5	
63076	Discectomy, anterior	Arthrodesis Including Disce	February 2010	5	
63090	Vertebral corpectom	Vertebral Corpectomy with Arthrodesis			January 2017
63620	Stereotactic radiosur	Stereotactic Radiosurgery	February 2009	38	
63621	Stereotactic radiosur	Stereotactic Radiosurgery	February 2009	38	
63650	Percutaneous implar	Percutaneous implantation	April 2013	22	
63655	Laminectomy for imp	Neurostimulator (Spinal)	April 2009	17	
63660	Deleted from CPT	Neurostimulator (Spinal)	April 2009	17	
63661	Removal of spinal ne	Neurostimulator (Spinal)	April 2009	17	
63662	Removal of spinal ne	Neurostimulator (Spinal)	April 2009	17	
63663	Revision including re	Neurostimulator (Spinal)	April 2009	17	
63664	Revision including re	Neurostimulator (Spinal)	April 2009	17	
63685	Insertion or replacen	Neurostimulators	October 2010	68	
63688	Revision or removal	Neurostimulators	February 2008	I	
64412	Injection, anesthetic	Anesthetic Injection – Spina	April 2014	36	October 2017
64415	Injection, anesthetic	RAW	September 2014	21	October 2017
64416	Injection, anesthetic	Anesthetic Agent Nerve Inje	October 2013	18	
64418	Injection, anesthetic	Injection, Anesthetic Agent	April 2016	28	
64445	Injection, anesthetic	RAW	September 2014	21	October 2017
64446	Injection, anesthetic	Anesthetic Agent Nerve Inje	April 2008	19	
64447	Injection, anesthetic	RAW	September 2014	21	October 2017
64448	Injection, anesthetic	Anesthetic Agent Nerve Inje	October 2013	18	
64449	Injection, anesthetic	Anesthetic Agent Nerve Inje	April 2008	19	
64450	Injection, anesthetic	Injection - Anesthetic Agent	September 2011	24	January 2017
64455	Injection(s), anesthe	RAW	October 2016	35	January 2017
64470	Deleted from CPT	Injection Anesthetic Agent	April 2008	57	
64472	Deleted from CPT	Injection Anesthetic Agent	April 2008	57	
64475	Deleted from CPT	Injection Anesthetic Agent	April 2008	57	
64476	Deleted from CPT	Injection Anesthetic Agent	April 2008	57	
64479	Injection(s), anesthe	Injection Anesthetic Agent	October 2009	05	
64480	Injection(s), anesthe	Injection Anesthetic Agent	October 2009	05	
64483	Injection(s), anesthe	Injection of Anesthetic Ager	October 2009	05	
64484	Injection(s), anesthe	Injection of Anesthetic Ager	October 2009	05	
64490	Injection(s), diagnost	Facet Joint Injections	April 2009	18	
64491	Injection(s), diagnost	Facet Joint Injections	April 2009	18	

64492	Injection(s), diagnost	Facet Joint Injections	April 2009	18	
64493	Injection(s), diagnost	Facet Joint Injections	April 2009	18	
64494	Injection(s), diagnost	Facet Joint Injections	April 2009	18	
64495	Injection(s), diagnost	Facet Joint Injections	April 2009	18	
64510	Injection, anesthetic	Fluroscopy	April 2009	27	
64520	Injection, anesthetic	Fluroscopy	April 2009	27	
64550	Application of surfac	Percutaneous NeurostimulatorPlacement			January 2017
64553	Percutaneous implar	Percutaneous Neurostimula	April 2015	28	January 2017
64555	Percutaneous implar	Percutaneous Neurostimula	April 2015	28	January 2017
64561	Percutaneous implar	Percutaneous Neurostimula	January 2016	54	January 2017
64565	Percutaneous implar	Percutaneous NeurostimulatorPlacement			January 2017
64566	Posterior tibial neurc	Posterior Tibial Neurostimu	April 2015	29	
64568	Incision for implanta	Vagus Nerve Stimulator	February 2010	14	
64573	Deleted from CPT	Neurosurgical Procedures	February 2009	28	
64581	Incision for implanta	Urological Procedures	January 2016	54	
64590	Insertion or replacen	RAW	October 2012	27	
64622	Destruction by neurc	Fluroscopy	April 2009	27	
64623	Destruction by neurc	Destruction by Neurolytic A	April 2008	57	
64626	Destruction by neurc	Fluroscopy	April 2009	27	
64627	Destruction by neurc	Destruction by Neurolytic A	April 2008	57	
64633	Destruction by neurc	Destruction by Neurolytic A	April 2015	41	April 2017
64634	Destruction by neurc	Destruction by Neurolytic A	April 2015	41	April 2017
64635	Destruction by neurc	Destruction by Neurolytic A	April 2015	41	April 2017
64636	Destruction by neurc	Destruction by Neurolytic A	April 2015	41	April 2017
64640	Destruction by neurc	Injection Treatment of Nerv	September 2011	25	
64708	Neuroplasty, major p	Neuroplasty – Leg or Arm	October 2010	69	
64712	Neuroplasty, major p	Neuroplasty – Leg or Arm	October 2009	40	
64831	Suture of digital nerv	Neurorrhaphy – Finger	October 2010	70	
65105	Enucleation of eye; v	Ophthalmologic Procedures	September 2007	16	
65222	Removal of foreign b	Removal of Foreign Body	September 2011	26	
65285	Repair of laceration;	Repair of Eye Wound	February 2011	8	
65780	Ocular surface recon	Ocular Reconstruction Tran	April 2015	31	
65800	Paracentesis of anter	Paracentesis of the Eye	April 2012	21	
65805	Paracentesis of anter	Paracentesis of the Eye	April 2012	21	
65855	Trabeculoplasty by la	Trabeculoplasty by Laser Su	April 2015	11	
66170	Fistulization of sclera	Glaucoma Surgery	April 2015	32	
66172	Fistulization of sclera	Glaucoma Surgery	April 2015	32	
66179	Aqueous shunt to ex	Aqueous Shunt	January 2014	12	
66180	Aqueous shunt to ex	Aqueous Shunt	January 2014	12	
66183	Insertion of anterior	Aqueous Shunt	January 2014	12	
66184	Revision of aqueous	Aqueous Shunt	January 2014	12	
66185	Revision of aqueous	Aqueous Shunt	January 2014	12	
66761	Iridotomy/iridectom	Iridotomy	April 2014	52	
66821	Discission of secondary membranous cataract (o		February 2011	41	

66982	Extracapsular catarac	Cataract Surgery	January 2012	17	
66984	Extracapsular catarac	Cataract Surgery	January 2012	17	
67028	Intravitreal injection	Treatment of Retinal Lesion	January 2016	54	October 2018
67036	Vitrectomy, mechani	Vitrectomy	October 2013	11	
67038	Deleted from CPT	Ophthalmological Procedur	September 2007	16	
67039	Vitrectomy, mechani	Vitrectomy	October 2013	11	
67040	Vitrectomy, mechani	Vitrectomy	October 2013	11	
67041	Vitrectomy, mechani	Vitrectomy	October 2013	11	
67042	Vitrectomy, mechani	Vitrectomy	October 2013	11	
67043	Vitrectomy, mechani	Vitrectomy	October 2013	11	
67101	Repair of retinal deta	Retinal Detachment Repair	October 2015	11	
67105	Repair of retinal deta	Retinal Detachment Repair	October 2015	11	
67107	Repair of retinal deta	Retinal Detachment Repair	April 2015	12	
67108	Repair of retinal deta	Retinal Detachment Repair	April 2015	12	
67110	Repair of retinal deta	Retinal Detachment Repair	April 2015	12	
67112	Repair of retinal deta	Retinal Detachment Repair	April 2015	12	
67113	Repair of complex re	Retinal Detachment Repair	April 2015	12	
67210	Destruction of localiz	Treatment of Retinal Lesion	October 2010	13	
67220	Destruction of localiz	Treatment of Retinal Lesion	October 2010	13	
67225	Destruction of localiz	Photodynamic Therapy of t	February 2008	P	
67228	Treatment of extens	Treatment of Retinal Lesion	October 2009	40	
67255	Scleral reinforcemen	Aqueous Shunt	January 2014	12	
67820	Correction of trichias	Correction of Trichiasis	April 2016	29	
67914	Repair of ectropion;	Repair of Eyelid	April 2013	24	
67915	Repair of ectropion;	Repair of Eyelid	April 2013	24	
67916	Repair of ectropion;	Repair of Eyelid	April 2013	24	
67917	Repair of ectropion;	Repair of Eyelid	April 2013	24	
67921	Repair of entropion;	Repair of Eyelid	April 2013	24	
67922	Repair of entropion;	Repair of Eyelid	April 2013	24	
67923	Repair of entropion;	Repair of Eyelid	April 2013	24	
67924	Repair of entropion;	Repair of Eyelid	April 2013	24	
68040	Expression of conjun	Treatment of Eyelid Lesions	September 2011	51	
68200	Subconjunctival injec	Subconjunctival Injection	October 2013	18	
68801	Dilation of lacrimal p	Dilation and Probing of Lacr	January 2015	23	
68810	Probing of nasolacrin	Dilation and Probing of Lacr	January 2015	23	
68811	Probing of nasolacrimal duct, with or without irri		January 2015	23	
68815	Probing of nasolacrin	Dilation and Probing of Lacr	January 2015	23	
68816	Probing of nasolacrimal duct, with or without irri		January 2015	23	
69100	Biopsy external ear	Biopsy of Ear	April 2009	28	
69200	Removal foreign bod	Removal of Foreign Body	September 2011	29	
69210	Removal impacted c	Removal of Cerumen	January 2015	29	
69400	Eustachian tube infla	Eustachian Tube Procedure	October 2013	18	
69401	Eustachian tube infla	Eustachian Tube Procedure	October 2013	18	
69405	Eustachian tube cath	Eustachian Tube Procedure	October 2013	18	

69433	Tympanostomy (req	Tympanostomy	September 2011	30	
69801	Labyrinthotomy, wit	Labyrinthotomy	October 2015	21	
69802	Labyrinthotomy, wit	Labryinthotomy	April 2010	16	
69930	Cochlear device impl	Cochlear Device Implantatio	February 2008	M	
70100	Radiologic examinati	RAW	October 2013	18	
70310	Radiologic examinati	RAW	October 2013	18	
70371	Complex dynamic ph	Laryngography	October 2012		
70373	Laryngography, cont	Laryngography	October 2012		
70450	Computed tomograp	CT Head/Brain	October 2012	19	
70460	Computed tomograp	CT Head/Brain	October 2012	19	
70470	Computed tomograp	CT Head/Brain	October 2012	19	
70486	Computed tomograp	CT – Maxillofacial	April 2014	41	
70487	Computed tomograp	CT – Maxillofacial	April 2014	41	
70488	Computed tomograp	CT – Maxillofacial	April 2014	41	
70490	Computed tomograp	CT Soft Tissue Neck			January 2017
70491	Computed tomograp	CT Soft Tissue Neck			January 2017
70492	Computed tomograp	CT Soft Tissue Neck			January 2017
70496	Computed tomograp	CT Angiography – Head & N	April 2014	39	
70498	Computed tomograp	CT Angiography – Head & N	April 2014	39	
70540	Magnetic resonance	MRI Face and Neck	January 2016	39	
70542	Magnetic resonance	MRI Face and Neck	January 2016	39	
70543	Magnetic resonance	MRI Face and Neck	January 2016	39	
70544	Magnetic resonance	Magnetic Resonance Angio	October 2016	18	
70545	Magnetic resonance	Magnetic Resonance Angio	October 2016	18	
70546	Magnetic resonance	Magnetic Resonance Angio	October 2016	18	
70547	Magnetic resonance	Magnetic Resonance Angio	October 2016	19	
70548	Magnetic resonance	Magnetic Resonance Angio	October 2016	19	
70549	Magnetic resonance	Magnetic Resonance Angio	October 2016	19	
70551	Magnetic resonance	MRI-Brain	January 2013	26	
70552	Magnetic resonance	MRI-Brain	January 2013	26	
70553	Magnetic resonance	MRI-Brain	January 2013	26	
71010	Radiologic examinati	Chest X-Rays	April 2016	07	
71015	Radiologic examinati	Chest X-Rays	April 2016	07	
71020	Radiologic examinati	Chest X-Rays	April 2016	07	
71021	Radiologic examinati	Chest X-Rays	April 2016	07	
71022	Radiologic examinati	Chest X-Rays	April 2016	07	
71023	Radiologic examinati	Chest X-Ray	April 2016	07	
71030	Radiologic examinati	Chest X-Rays	April 2016	07	
71034	Radiologic examinati	Chest X-Rays	April 2016	07	
71035	Radiologic examinati	Chest X-Rays	April 2016	07	
71090	Insertion pacemaker	Insertion/Removal of Pacer	April 2011	10	
710X1		Chest X-Ray	April 2016	07	
710X2		Chest X-Ray	April 2016	07	
710X3		Chest X-Ray	April 2016	07	

710X4		Chest X-Ray	April 2016	07	
71100	Radiologic examinati	X-Ray of Ribs	April 2016	30	
71101	Radiologic examinati	X-Ray of Ribs	April 2016	30	
71110	Radiologic examinati	X-Ray of Ribs	April 2016	30	
71111	Radiologic examinati	X-Ray of Ribs	April 2016	30	
71250	Computed tomograp	CT Chest	April 2016	31	
71260	Computed tomograp	CT Chest	April 2016	31	
71270	Computed tomograp	CT Chest	April 2016	31	
71275	Computed tomograp	CT Angiography-Chest	January 2014	27	
72020	Radiologic examinati	RAW	October 2016	35	April 2017
72040	Radiologic examinati	X-ray of Cervical Spine	January 2012	09	April 2017
72050	Radiologic examination, spine, cervical; 4 or 5 vie		January 2012	09	April 2017
72052	Radiologic examination, spine, cervical; 6 or mor		January 2012	09	
72070	Radiologic examinati	X-Ray Exams	September 2014	17	April 2017
72072	Radiologic examinati	RAW	October 2016	35	April 2017
72074	Radiologic examination, spine; thoracic, minimum of 4 views				April 2017
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views				April 2017
72100	Radiologic examinati	Radiologic Examination - Sp	February 2011	09	April 2017
72110	Radiologic examinati	Radiologic Examination – Sp	February 2011	09	April 2017
72114	Radiologic examinati	Radiologic Examination – Sp	February 2011	09	April 2017
72120	Radiologic examinati	Radiologic Examination – Sp	February 2011	09	April 2017
72125	Computed tomograp	CT Spine	October 2009	22	
72126	Computed tomograp	CT Spine	October 2009	40	
72127	Computed tomograp	CT Spine	October 2009	40	
72128	Computed tomograp	CT Spine	October 2009	22	
72129	Computed tomograp	CT Spine	October 2009	40	
72130	Computed tomograp	CT Spine	October 2009	40	
72131	Computed tomograp	CT Spine	October 2009	22	
72132	Computed tomograp	CT Spine	October 2009	40	
72133	Computed tomograp	CT Spine	October 2009	40	
72141	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72142	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72146	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72147	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72148	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72149	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72156	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72157	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72158	Magnetic resonance	MRI Neck and Lumbar Spine	April 2013	25	
72170	Radiologic examinati	Radiologic Exam-Hip/Pelvis	April 2015	14	
72191	Computed tomograp	CT Angiography	October 2013	12	
72192	Computed tomograp	CT Pelvis	October 2008	26	
72193	Computed tomograp	CT Pelvis	October 2008	26	
72194	Computed tomograp	CT Abdomen and Pelvis	April 2014	44	

72195	Magnetic resonance	MRI Pelvis	October 2016	21	
72196	Magnetic resonance	MRI Pelvis	October 2016	21	
72197	Magnetic resonance	MRI Pelvis	October 2016	21	
72200	Radiologic examination, sacroiliac joints; less than 3 views				April 2017
72202	Radiologic examination, sacroiliac joints; 3 or more views				April 2017
72220	Radiologic examinati	RAW	October 2016	35	April 2017
72240	Myelography, cervica	Myelography	April 2014	17	
72255	Myelography, thorac	Myelography	April 2014	17	
72265	Myelography, lumbo	Myelography	April 2014	17	
72270	Myelography, 2 or m	Myelography	April 2014	17	
72275	Epidurography, radic	Epidurography	February 2010	31	
72291	Radiological supervis	Percutaneous Vertebroplas	April 2014	06	
72292	Radiological supervis	Percutaneous Vertebroplas	April 2014	06	
73030	Radiologic examinati	X-Ray Exam of Shoulder	April 2011	26	
73060	Radiologic examinati	X-Ray Exams	September 2014	17	
73070	Radiologic examinati	RAW	October 2016	35	April 2017
73080	Radiologic examinati	Radiologic Examination	April 2010	39	April 2017
73090	Radiologic examinati	RAW	October 2016	35	April 2017
73100	Radiologic examinati	X-Ray Wrist	April 2016	32	
73110	Radiologic examinati	X-Ray Wrist	April 2016	32	
73120	Radiologic examinati	X-Ray of Hand/Fingers	April 2016	33	
73130	Radiologic examinati	X-Ray of Hand/Fingers	April 2016	33	
73140	Radiologic examinati	X-Ray of Hand/Fingers	April 2016	33	
73200	Computed tomograp	CT Upper Extremity	October 2009	23	
73201	Computed tomograp	CT Upper Extremity	October 2009	40	
73202	Computed tomograp	CT Upper Extremity	October 2009	40	
73206	Computed tomograp	CT Angiography	October 2013	12	
73218	Magnetic resonance	MRI	October 2013	18	
73221	Magnetic resonance	MRI	January 2012	20	
73500	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73501	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73502	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73503	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73510	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73520	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73521	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73522	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73523	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73540	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73542	Radiological examina	Sacroiliac Joint Arthrograph	April 2010	45	
73550	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73551	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73552	Radiologic examinati	Radiologic Exam-Hip and Pe	April 2015	14	
73560	Radiologic examinati	X-Ray Exams	September 2014	17	

73562	Radiologic examinati	X-Ray Exams	September 2014	17	
73564	Radiologic examinati	X-Ray Exams	September 2014	17	
73565	Radiologic examinati	X-Ray Exams	September 2014	17	
73580	Radiologic examinati	Contrast X-Ray of Knee Join	October 2015	21	October 2017
73590	Radiologic examinati	X-Ray Exams	September 2014	17	
73600	Radiologic examinati	X-Ray Exams	September 2014	17	
73610	Radiologic examinati	Radiologic Examination	October 2009	24	
73620	Radiologic examinati	X-Ray Exam of Foot	April 2011	27	
73630	Radiologic examinati	Radiologic Examination	October 2009	24	
73650	Radiologic examinati	RAW	October 2016	35	April 2017
73660	Radiologic examinati	RAW	October 2016	35	April 2017
73700	Computed tomograp	CT Lower Extremity	October 2009	25	
73701	Computed tomograp	CT Lower Extremity	October 2009	40	
73702	Computed tomograp	CT Lower Extremity	October 2009	40	
73706	Computed tomograp	CT Angiography	October 2013	12	
73718	Magnetic resonance	MRI Lower Extremity	October 2016	20	
73719	Magnetic resonance	MRI Lower Extremity	October 2016	20	
73720	Magnetic resonance	MRI Lower Extremity	October 2016	20	
73721	Magnetic resonance	MRI of Lower Extremity Joi	January 2012	20	
74000	Radiologic examinati	Abdominal X-Ray	April 2016	08	
74010	Radiologic examinati	Abdominal X-Ray	April 2016	08	
74020	Radiologic examinati	Abdominal X-Ray	April 2016	08	
74022	Radiologic examinati	Abdominal X-Ray	April 2016	08	
740X1		Abdominal X-Ray	April 2016	08	
740X2		Abdominal X-Ray	April 2016	08	
740X3		Abdominal X-Ray	April 2016	08	
74150	Computed tomograp	CT Abdomen	February 2008	S	
74160	Computed tomograp	CT Abdomen and Pelvis	April 2014	44	
74170	Computed tomograp	CT Abdomen	April 2012	34	
74174	Computed tomograp	CT Angiography	October 2013	12	
74175	Computed tomograp	CT Angiography	October 2013	12	
74176	Computed tomograp	CT Abdomen/CT Pelvis	February 2010	16	
74177	Computed tomograp	CT Abdomen and Pelvis	April 2014	44	
74178	Computed tomograp	CT Abdomen/CT Pelvis	February 2010	16	
74181	Magnetic resonance	MRI of Abdomen	October 2016	21	
74182	Magnetic resonance	MRI of Abdomen	October 2016	21	
74183	Magnetic resonance	MRI of Abdomen	October 2016	21	
74210	Radiologic examinati	RAW	October 2016	35	April 2017
74220	Radiologic examinati	RAW	October 2016	35	April 2017
74230	Swallowing function,	Swallowing Function	October 2016	35	April 2017
74247	Radiological examina	Contrast X-Ray Exams	September 2011	31	
74280	Radiologic examinati	Contrast X-Ray Exams	September 2011	31	
74305	Cholangiography and	Percutaneous Biliary Proced	October 2015	06	
74320	Cholangiography, pe	Percutaneous Biliary Proced	October 2015	06	

74327	Postoperative biliary	Percutaneous Biliary Proced	October 2015	06	
74400	Urography (pyelogra	Contrast X-Ray Exams	September 2011	31	
74420	Urography, retrograd	RAW	October 2016	35	April 2017
74425	Urography, antegrad	Genitourinary Catheter Pro	April 2015	08	October 2018
74475	Introduction of intra	Genitourinary Catheter Pro	January 2015	09	
74480	Introduction of urete	Genitourinary Catheter Pro	January 2015	09	
75574	Computed tomograp	CT Angiography	October 2013	12	
75635	Computed tomograp	CT Angiography of Abdomir	April 2016	34	
75650	Angiography, carotid	Carotid Angiography	April 2010	45	
75671	Angiography, carotid	Carotid Angiography	April 2010	45	
75680	Angiography, carotid	Carotid Angiography	April 2010	45	
75710	Angiography, extrem	Angiography of Extremities	October 2016	22	October 2018
75716	Angiography, extrem	Angiography of Extremities	October 2016	22	
75722	Angiography, renal, u	Renal Angiography	April 2010	45	
75724	Angiography, renal, b	Renal Angiography	April 2010	45	
75790	Deleted from CPT	Arteriovenous Shunt Imagir	April 2009	9	
75791	Angiography, arterio	Dialysis Circuit -1	January 2016	14	
75885	Percutaneous transh	Interventional Radiology Pr	February 2009	21	
75887	Percutaneous transh	Interventional Radiology Pr	February 2009	21	
75894	Transcatheter therap	Transcatheter Procedures	October 2016	35	October 2018
75896	Transcatheter therap	Intracranial Endovascular In	April 2015	09	
75898	Angiography through	Intracranial Endovascular In	October 2016	35	October 2018
75940	Percutaneous placen	Major Vein Revision	April 2010	45	
75945	Intravascular ultraso	Intravascular Ultrasound	January 2015	07	
75946	Intravascular ultraso	Intravascular Ultrasound	January 2015	07	
75952	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
75953	Placement of proxim	Endovascular Repair Procedures (EVAR)			January 2017
75954	Endovascular repair (	Endovascular Repair Procedures (EVAR)			January 2017
75960	Transcatheter introd	RAW	October 2012	27	
75961	Transcatheter retriev	Transcatheter Procedures	April 2010	45	
75962	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
75964	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
75966	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
75968	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
75978	Transluminal balloon	Open and Percutaneous Tra	January 2016	15	
75980	Percutaneous transh	Percutaneous Biliary Proced	October 2015	06	
75982	Percutaneous placen	Percutaneous Biliary Proced	October 2015	06	
75984	Change of percutane	Introduction of Catheter or	October 2016	35	October 2018
75992	Deleted from CPT	Transluminal Arthrectomy	April 2008	57	
75993	Deleted from CPT	Transluminal Arthrectomy	April 2008	57	
75994	Revised to Category	Transluminal Arthrectomy	April 2008	57	
75995	Revised to Category	Transluminal Arthrectomy	April 2008	57	
75996	Revised to Category	Transluminal Arthrectomy	April 2008	57	
76000	Fluoroscopy (separate procedure), up to 1 hour p		October 2016	35	April 2017

76001	Fluoroscopy, physician or other qualified health care professional time more th				April 2017
76100	Radiologic examinati	Fluroscopy	April 2009	27	
76101	Radiologic examinati	Fluroscopy	April 2009	27	
76102	Radiologic examinati	Fluroscopy	April 2009	27	
76510	Ophthalmic ultrasou	Opthalmic Ultrasound	October 2016	23	
76511	Ophthalmic ultrasou	Opthalmic Ultrasound	October 2016	23	
76512	Ophthalmic ultrasou	Opthalmic Ultrasound	October 2016	23	
76513	Ophthalmic ultrasou	Ophthalmic Ultrasound	September 2011	51	
76516	Ophthalmic biometry	Opthalmic Biometry	April 2016	36	
76519	Ophthalmic biometry	Opthalmic Biometry	April 2016	36	
76536	Ultrasound, soft tissu	Soft Tissue Ultrasound	April 2009	29	
76641	Ultrasound, breast, u	Breast Ultrasound	January 2014	13	
76642	Ultrasound, breast, u	Breast Ultrasound	January 2014	13	
76645	Ultrasound, breast(s)	Breast Ultrasound	January 2014	13	
76700	Ultrasound, abdomir	Ultrasound	October 2013	13	
76705	Ultrasound, abdomir	Ultrasound	October 2013	13	
76706	Ultrasound, abdomir	Abdominal Aorta Ultrasoun	October 2015	12	
76770	Ultrasound, retroper	Ultrasound	October 2013	13	
76775	Ultrasound, retroper	Ultrasound	October 2013	13	
76819	Fetal biophysical pro	RAW	October 2013	18	
76830	Ultrasound, transvag	Transvaginal and Transrecta	April 2012	44	
76856	Ultrasound, pelvic (n	Ultrasound	October 2013	13	
76857	Ultrasound, pelvic (n	Ultrasound	October 2013	13	
76870	Ultrasound, scrotum	RAW	April 2016	35	April 2017
76872	Ultrasound, transrec	Transvaginal and Transrecta	April 2012	44	
76880	Deleted from CPT	Lower Extremity Ultrasound	October 2009	26	
76881	Ultrasound, extremit	Ultrasound of Extremity	October 2016	35	January 2017
76882	Ultrasound, extremit	Ultrasound of Extremity	October 2016	35	January 2017
76930	Ultrasonic guidance f	Ultrasound Guidance	April 2014	34	
76932	Ultrasonic guidance f	Ultrasound Guidance	April 2014	34	
76936	Ultrasound guided co	RAW	October 2013	18	
76940	Ultrasound guidance	Ultrasound Guidance	January 2015	29	
76942	Ultrasonic guidance f	Ultrasound Guidance for Ne	April 2014	35	October 2017
76948	Ultrasonic guidance f	Echo Guidance for Ova Aspi	January 2015	25	
76950	Ultrasonic guidance f	Ultrasound Guidance	April 2014	34	
76965	Ultrasonic guidance f	Ultrasound Guidance	September 2014	21	
76970	Ultrasound study foll	IMRT with Ultrasound Guid	February 2009	38	
77001	Fluoroscopic guidanc	Fluoroscopic Guidance	October 2015	13	
77002	Fluoroscopic guidanc	Fluoroscopic Guidance	October 2015	13	
77003	Fluoroscopic guidanc	Fluoroscopic Guidance	October 2015	13	
77011	Computed tomograp	IMRT with CT Guidance	October 2010	15	
77012	Computed tomograp	RAW	April 2016	35	April 2017
77014	Computed tomograp	IMRT with CT Guidance	January 2016	54	October 2018
77031	Stereotactic localizat	Breast Biopsy	April 2013	04	

77032	Mammographic guid	Breast Biopsy	April 2013	04	
77051	Computer-aided dete	Mammography-Computer A	January 2016	20	
77052	Computer-aided dete	Mammography-Computer A	January 2016	20	
77055	Mammography; unila	Mammography-Computer A	January 2016	20	
77056	Mammography; bilat	Mammography-Computer A	January 2016	20	
77057	Screening mammogr	Mammography-Computer A	January 2016	20	
77058	Magnetic resonance	MRI Breast	October 2016	24	April 2017
77059	Magnetic resonance	MRI Breast	October 2016	24	April 2017
77065	Diagnostic mammog	Mammography-Computer A	January 2016	20	
77066	Diagnostic mammog	Mammography-Computer A	January 2016	20	
77067	Screening mammogr	Mammography-Computer A	January 2016	20	
77079	Computed tomograp	CT Bone Density Study	February 2010	31	
77080	Dual-energy X-ray ab	Dual Energy X-Ray	October 2013	07	
77082	Dual-energy X-ray ab	Dual Energy X-Ray	October 2013	07	
77083	Radiographic absorp	Radiographic Absorptiomet	February 2010	31	
77085	Dual-energy X-ray ab	Dual Energy X-Ray	October 2013	07	
77086	Vertebral fracture as	Dual Energy X-Ray	October 2013	07	
77261	Therapeutic radiolog	Radiation Therapy Planning	April 2016	37	
77262	Therapeutic radiolog	Radiation Therapy Planning	April 2016	37	
77263	Therapeutic radiolog	Radiation Therapy Planning	April 2016	37	
77280	Therapeutic radiolog	Set Radiation Therapy Field	January 2013	14	
77285	Therapeutic radiolog	Respiratory Motion Manage	January 2013	14	
77290	Therapeutic radiolog	Respiratory Motion Manage	January 2013	14	
77293	Respiratory motion r	Respiratory Motion Manage	January 2013	14	
77295	3-dimensional radiot	Surface Radionuclide High D	January 2013	14	
77300	Basic radiation dosim	Surface Radionuclide High D	April 2014	20	
77301	Intensity modulated	IMRT - PE Only	April 2013	28	
77305	Teletherapy, isodose	Isodose Calculation with Iso	April 2014	20	
77306	Teletherapy isodose	Isodose Calculation with Iso	April 2014	20	
77307	Teletherapy isodose	Isodose Calculation with Iso	April 2014	20	
77310	Teletherapy, isodose	Isodose Calculation with Iso	April 2014	20	
77315	Teletherapy, isodose	Isodose Calculation with Iso	April 2014	20	
77316	Brachytherapy isodo	Isodose Calculation with Iso	April 2014	20	
77317	Brachytherapy isodo	Isodose Calculation with Iso	April 2014	20	
77318	Brachytherapy isodo	Isodose Calculation with Iso	October 2015	21	
77326	Brachytherapy isodo	Isodose Calculation with Iso	April 2014	20	
77327	Brachytherapy isodo	Isodose Calculation with Iso	April 2014	20	
77328	Brachytherapy isodo	Isodose Calculation with Iso	April 2014	20	
77332	Treatment devices, d	RAW	January 2016	40	
77333	Treatment devices, d	RAW	January 2016	40	
77334	Treatment devices, design and construction; com		January 2016	40	
77336	Continuing medical p	Continuing Medical Physics	April 2013	31	
77338	Multi-leaf collimator	IMRT - PE Only	April 2013	28	
77371	Radiation treatment	Radiation Treatment Delive	April 2009	30	

77372	Radiation treatment	Radiation Treatment Delive	October 2013	18	
77373	Stereotactic body rad	Radiation Treatment Delive	October 2013	18	
77385	Intensity modulated	Radiation Treatment Delive	January 2014	14	
77386	Intensity modulated	Radiation Treatment Delive	January 2014	14	
77387	Guidance for localiza	Radiation Treatment Delive	January 2014	14	
77402	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77403	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77404	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77406	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77407	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77408	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77409	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77411	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77412	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77413	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77414	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77416	Radiation treatment	Radiation Treatment Delive	January 2014	14	
77418	Intensity modulated	Radiation Treatment Delive	January 2014	14	
77421	Stereoscopic X-ray gu	Radiation Treatment Delive	January 2014	14	
77422	High energy neutron	High Energy Neutron Radiat	April 2015	35	
77423	High energy neutron	High Energy Neutron Radiat	April 2015	35	
77427	Radiation treatment	Radiation Treatment Manag	January 2016	54	
77435	Stereotactic body rad	RAW	October 2016	35	January 2017
77470	Special treatment pr	Special Radiation Treatmen	January 2016	41	
77523	Proton treatment de	RAW	October 2016	35	January 2017
77600	Hyperthermia, exter	Hyperthermia - PE Only	April 2013	30	
77767	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77768	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77770	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77771	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77772	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77776	Interstitial radiation	Interstitial Radiation Source	April 2015	17	
77777	Interstitial radiation	Interstitial Radiation Source	April 2015	17	
77778	Interstitial radiation	Interstitial Radiation Source	October 2015	21	
77781	Deleted from CPT	Brachytherapy	October 2008	26	
77782	Deleted from CPT	Brachytherapy	February 2008	S	
77784	Deleted from CPT	Brachytherapy	February 2008	S	
77785	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77786	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77787	Remote afterloading	Surface Radionuclide High D	January 2015	16	
77790	Supervision, handling	Interstitial Radiation Source	October 2015	21	
78000	Thyroid uptake; singl	Thyroid Uptake/Imaging	April 2012	22	
78001	Thyroid uptake; mult	Thyroid Uptake/Imaging	April 2012	22	
78003	Thyroid uptake; stim	Thyroid Uptake/Imaging	April 2012	22	

78006	Thyroid imaging, wit	Thyroid Uptake/Imaging	April 2012	22	
78007	Thyroid imaging, wit	Thyroid Uptake/Imaging	April 2012	22	
78010	Thyroid imaging; onl	Thyroid Uptake/Imaging	April 2012	22	
78011	Thyroid imaging; wit	Thyroid Uptake/Imaging	April 2012	22	
78012	Thyroid uptake, sing	Thyroid Uptake/Imaging	April 2012	22	
78013	Thyroid imaging (incl	Thyroid Uptake/Imaging	April 2012	22	
78014	Thyroid imaging (incl	Thyroid Uptake/Imaging	April 2012	22	
78070	Parathyroid planar in	Parathyroid Imaging	January 2016	54	October 2018
78071	Parathyroid planar in	Parathyroid Imaging	January 2016	54	October 2018
78072	Parathyroid planar in	Parathyroid Imaging	January 2016	54	October 2018
78223	Hepatobiliary ductal	Hepatobiliary Ductal Systen	February 2011	12	
78226	Hepatobiliary system	Hepatobiliary System Imagi	February 2011	12	
78227	Hepatobiliary system	Hepatobiliary System Imagi	February 2011	12	
78278	Acute gastrointestina	Acute GI Blood Loss Imaging	September 2011	34	
78300	Bone and/or joint im	Bone Imaging	April 2016	38	
78305	Bone and/or joint im	Bone Imaging	April 2016	38	
78306	Bone and/or joint im	Bone Imaging	April 2016	38	
78451	Myocardial perfusion	Myocardial Perfusion Imagi	February 2009	16	
78452	Myocardial perfusion	Myocardial Perfusion Imagi	February 2009	16	
78453	Myocardial perfusion	Myocardial Perfusion Imagi	February 2009	16	
78454	Myocardial perfusion	Myocardial Perfusion Imagi	February 2009	16	
78460	Deleted from CPT	Myocardial Perfusion Imagi	February 2009	16	
78461	Deleted from CPT	Myocardial Perfusion Imagi	February 2009	16	
78464	Deleted from CPT	Myocardial Perfusion Imagi	February 2009	16	
78465	Deleted from CPT	Myocardial Perfusion Imagi	February 2009	16	
78472	Cardiac blood pool in	Cardiac Blood Pool Imaging	September 2011	35	
78478	Deleted from CPT	Myocardial Perfusion Imagi	February 2009	16	
78480	Deleted from CPT	Myocardial Perfusion Imagi	February 2009	16	
78492	Myocardial imaging,	RAW	October 2016	35	January 2017
78579	Pulmonary ventilatio	Pulmonary Imaging	February 2011	13	
78580	Pulmonary perfusion	Pulmonary Imaging	February 2011	13	
78582	Pulmonary ventilatio	Pulmonary Imaging	February 2011	13	
78584	Pulmonary perfusion	Pulmonary Perfusion Imagi	February 2010	31	
78585	Pulmonary perfusion	Pulmonary Perfusion Imagi	February 2010	31	
78586	Pulmonary ventilatio	Pulmonary Perfusion Imagi	February 2010	31	
78587	Deleted from CPT	Pulmonary Perfusion Imagi	February 2010	31	
78588	Deleted from CPT	Pulmonary Perfusion Imagi	February 2010	31	
78591	Deleted from CPT	Pulmonary Perfusion Imagi	February 2010	31	
78593	Deleted from CPT	Pulmonary Perfusion Imagi	February 2010	31	
78594	Deleted from CPT	Pulmonary Perfusion Imagi	February 2010	31	
78596	Deleted from CPT	Pulmonary Perfusion Imagi	February 2010	31	
78597	Quantitative differer	Pulmonary Imaging	February 2011	13	
78598	Quantitative differer	Pulmonary Imaging	February 2011	13	
78803	Radiopharmaceutica	RAW	January 2016	54	October 2018

78815	Positron emission tomography (PET) with concur		February 2011	41	
79101	Radiopharmaceutica	Radiopharmaceutical Thera	February 2010	31	
85060	Blood smear, periphe	RAW	April 2016	35	April 2017
85097	Bone marrow, smear	RAW	April 2016	35	April 2017
88104	Cytopathology, fluids	Cytopathology	April 2015	36	
88106	Cytopathology, fluids	Cytopathology	April 2015	36	
88107	Deleted from CPT	Cytopathology	October 2010	17	
88108	Cytopathology, conc	Cytopathology Concentratio	April 2015	36	
88112	Cytopathology, selec	Cytopathology Concentratio	April 2015	36	
88120	Cytopathology, in sit	RAW review	January 2013	35	October 2017
88121	Cytopathology, in sit	RAW review	January 2013	35	October 2017
88160	Cytopathology, smea	Cytopathology Concentratio	April 2015	36	
88161	Cytopathology, smea	Cytopathology Concentratio	April 2015	36	
88162	Cytopathology, smea	Cytopathology Concentratio	April 2015	36	
88184	Flow cytometry, cell	Flow Cytometry Interpretat	January 2016	42	
88185	Flow cytometry, cell	Flow Cytometry Interpretat	January 2016	42	
88187	Flow cytometry, inte	Flow Cytometry Interpretat	January 2016	42	
88188	Flow cytometry, inte	Flow Cytometry Interpretat	January 2016	42	
88189	Flow cytometry, inte	Flow Cytometry Interpretat	January 2016	42	
88300	Level I - Surgical path	Pathology Consultations	January 2012	24	
88302	Level II - Surgical pat	Pathology Consultations	January 2012	24	
88304	Level III - Surgical pat	Pathology Consultations	January 2012	24	
88305	Level IV - Surgical pa	Pathology Consultations	January 2012	24	
88307	Level V - Surgical pat	Pathology Consultations	January 2012	24	
88309	Level VI - Surgical pa	Pathology Services	January 2012	24	
88312	Special stain includin	Special Stains	January 2012	33	
88313	Special stain includin	Special Stains	February 2011	33	
88314	Special stain includin	Special Stains	February 2011	33	
88318	Deleted from CPT	Special Stains	February 2010	22	
88319	Special stain includin	Special Stains	February 2011	33	
88321	Consultation and rep	Microslide Consultation	January 2016	43	
88323	Consultation and rep	Microslide Consultation	January 2016	43	
88325	Consultation, compre	Microslide Consultation	January 2016	43	
88329	Pathology consultati	Pathology Consultation Dur	October 2010	18	
88331	Pathology consultati	Pathology Consultation Dur	October 2010	18	
88332	Pathology consultati	Pathology Consultation Dur	October 2010	18	
88333	Pathology consultati	Pathology Consultation Dur	April 2016	39	
88334	Pathology consultati	Pathology Consultation Dur	April 2016	39	
88341	Immunohistochemis	Morphometric Analysis In S	April 2014	21	
88342	Immunohistochemis	Morphometric Analysis In S	April 2014	21	
88343	Immunohistochemis	Morphometric Analysis In S	April 2014	21	
88344	Immunohistochemis	Morphometric Analysis In S	April 2014	21	
88346	Immunofluorescence	Immunofluorescent Studies	January 2015	17	
88347	Immunofluorescent s	Immunofluorescent Studies	January 2015	17	

88348	Electron microscopy,	Electron Microscopy-PE On	October 2013	14	
88349	Electron microscopy,	Electron Microscopy-PE On	October 2013	14	
88350	Immunofluorescence	Immunofluorescent Studies	January 2015	17	
88356	Morphometric analy	RAW	April 2014	37	
88360	Morphometric analy	Tumor Immunohistochemis	April 2016	40	
88361	Morphometric analy	Tumor Immunohistochemis	April 2016	40	
88364	In situ hybridization (	Morphometric Analysis In S	April 2014	21	
88365	In situ hybridization (	Morphometric Analysis In S	April 2014	21	
88366	In situ hybridization (	Morphometric Analysis In S	April 2014	21	
88367	Morphometric analy	Morphometric Analysis In S	September 2014	18	
88368	Morphometric analy	Morphometric Analysis In S	September 2014	18	
88369	Morphometric analy	Morphometric Analysis In S	April 2014	21	
88373	Morphometric analy	Morphometric Analysis In S	April 2014	21	
88374	Morphometric analy	Morphometric Analysis In S	April 2014	21	
88377	Morphometric analy	Morphometric Analysis In S	April 2014	21	
90465	Deleted from CPT	Immunization Administratio	February 2008	R	
90467	Deleted from CPT	Immunization Administratio	February 2008	R	
90471	Immunization admin	Immunization Administratio	February 2008	R	
90472	Immunization admin	Immunization Administratio	February 2008	R	
90473	Immunization admin	Immunization Administratio	February 2008	R	
90474	Immunization admin	Immunization Administratio	February 2008	R	
90785	Interactive complexit	Psychotherapy for Crisis and	April 2013	35	
90791	Psychiatric diagnosti	Psychotherapy	April 2012	26	
90792	Psychiatric diagnosti	Psychotherapy	April 2012	26	
90801	Psychiatric diagnosti	RAW review	January 2012	30	
90805	Individual psychothe	RAW review	January 2012	30	
90806	Individual psychothe	RAW review	January 2012	30	
90808	Individual psychothe	RAW review	January 2012	30	
90818	Individual psychothe	RAW review	January 2012	30	
90832	Psychotherapy, 30 m	Psychotherapy	April 2012	26	
90833	Psychotherapy, 30 m	Psychotherapy	April 2012	26	
90834	Psychotherapy, 45 m	Psychotherapy	April 2012	26	
90836	Psychotherapy, 45 m	Psychotherapy	April 2012	26	
90837	Psychotherapy, 60 m	Psychotherapy	April 2012	26	
90838	Psychotherapy, 60 m	Psychotherapy	April 2012	26	
90839	Psychotherapy for cr	Psychotherapy for Crisis and	April 2013	35	
90840	Psychotherapy for cr	Psychotherapy for Crisis and	April 2013	35	
90845	Psychoanalysis	Psychotherapy	October 2011		
90846	Family psychotherap	Psychotherapy	April 2012	26	
90847	Family psychotherap	Psychotherapy	April 2012	26	
90853	Group psychotherap	Psychotherapy	April 2012	26	
90862	Pharmacologic mana	RAW review	January 2012	30	
90863	Pharmacologic mana	Pharmacologic Managemer	April 2013	40	
90870	Electroconvulsive the	Electroconvulsive Therapy	April 2010	41	

90935	Hemodialysis proced	Hemodialysis-Dialysis Servic	October 2009	30	
90937	Hemodialysis proced	Hemodialysis-Dialysis Servic	October 2009	30	
90945	Dialysis procedure ot	Hemodialysis-Dialysis Servic	October 2009	30	
90947	Dialysis procedure ot	Hemodialysis-Dialysis Servic	October 2009	30	
90951	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90952	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90953	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90954	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90955	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90956	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90957	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90958	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90959	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90960	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90961	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90962	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90963	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90964	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90965	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
90966	End-stage renal disea	End-Stage Renal Disease	April 2009	29	
91038	Esophageal function	Gastroenterological Tests	February 2010	23	
91110	Gastrointestinal trac	Gastrointestinal Tract Imagi	January 2016	44	
91111	Gastrointestinal trac	Gastrointestinal Tract Imagi	January 2016	44	
91132	Electrogastrography,	Electrogastrography	February 2010	24	
91133	Electrogastrography,	Electrogastrography	February 2010	24	
92081	Visual field examinat	Visual Field Examination	April 2010	42	
92082	Visual field examinat	Visual Field Examination	April 2010	42	
92083	Visual field examinat	Visual Field Examination	April 2012	46	
92100	Serial tonometry (se	Serial Tonometry	September 2011	36	
92133	Scanning computeriz	Computerized Scanning Opl	April 2010	23	
92134	Scanning computeriz	Computerized Scanning Opl	April 2010	23	
92135	Deleted from CPT	Ophthalmic Diagnostic Imag	October 2009	31	
92136	Ophthalmic biometry	Ophthalmic Biometry	April 2016	36	
92140	Provocative tests for	Glaucoma Provacative Tests	April 2016	41	
92235	Fluorescein angiogra	Ophthalmoscopic Angiograp	January 2016	21	
92240	Indocyanine-green a	Ophthalmoscopic Angiography		21	
92242	Fluorescein angiogra	Ophthalmoscopic Angiograp	January 2016	21	
92250	Fundus photography	Fundus Photography	January 2016	45	
92270	Electro-oculography	Electro-oculography	October 2015	21	October 2017
92275	Electroretinography	Electroretinography	January 2016	46	April 2017
92285	External ocular phot	Ocular Photography	October 2009	32	
92286	Anterior segment im	Anterior Segment Imaging	April 2012	28	
92287	Anterior segment im	Anterior Segment Imaging	April 2012	28	
92504	Binocular microscopy	Binocular Microscopy	April 2010	43	

92506	Evaluation of speech	Speech Language Pathology	February 2010	28	
92507	Treatment of speech	Speech Language Pathology	January 2016	54	
92508	Treatment of speech	Speech Language Pathology	February 2010	28	
92521	Evaluation of speech	Speech Evaluation	January 2013	32	
92522	Evaluation of speech	Speech Evaluation	January 2013	32	
92523	Evaluation of speech	Speech Evaluation	January 2013	32	
92524	Behavioral and quali	Speech Evaluation	January 2013	32	
92526	Treatment of swallov	Speech Language Pathology	October 2013	35	October 2017
92537	Caloric vestibular tes	Vestibular Caloric Irrigation	January 2015	18	
92538	Caloric vestibular tes	Vestibular Caloric Irrigation	January 2015	18	
92540	Basic vestibular evalu	EOG VNG	April 2014	24	
92541	Spontaneous nystagr	EOG VNG	April 2014	24	
92542	Positional nystagmus	EOG VNG	April 2014	24	
92543	Caloric vestibular tes	Vestibular Caloric Irrigation	January 2015	18	
92544	Optokinetic nystagm	EOG VNG	April 2014	24	
92545	Oscillating tracking te	EOG VNG	April 2014	24	
92546	Sinusoidal vertical ax	EOG VNG	April 2014	24	
92547	Use of vertical electr	EOG VNG	April 2014	24	
92548	Computerized dynan	EOG VNG	April 2014	24	
92550	Tympanometry and r	Bundled Audiology Tests	April 2009	22	
92557	Comprehensive audi	Bundled Audiology Tests	April 2009	22	
92558	Evoked otoacoustic e	Otoacoustic Emissions Mea	April 2011	35	
92567	Tympanometry (imp	Bundled Audiology Tests	April 2009	22	
92568	Acoustic reflex testin	Bundled Audiology Tests	April 2009	22	
92569	Deleted from CPT	Bundled Audiology Tests	April 2009	22	
92570	Acoustic immittance	Bundled Audiology Tests	October 2015	21	
92587	Distortion product ev	Otoacoustic Emissions Mea	April 2011	35	
92588	Distortion product ev	Otoacoustic Emissions Mea	April 2011	35	
92597	Evaluation for use ar	Speech Language Pathology	February 2009	30	
92605	Evaluation for prescr	Eval of Rx for Non-Speech G	April 2011	35	
92606	Therapeutic service(s	Speech Language Pathology	February 2010	28	
92607	Evaluation for prescr	Speech Language Pathology	February 2010	28	
92608	Evaluation for prescr	Speech Language Pathology	February 2010	28	
92609	Therapeutic services	Speech Language Pathology	February 2010	28	
92610	Evaluation of oral an	Speech Language Pathology	October 2013	35	October 2017
92611	Motion fluoroscopic	Speech Language Pathology	April 2009	39	
92618	Evaluation for prescr	Eval of Rx for Non-Speech G	April 2011	35	
92620	Evaluation of central	Audiology Services	October 2008	17	
92621	Evaluation of central	Audiology Services	October 2008	17	
92625	Assessment of tinnitu	Audiology Services	October 2008	17	
92626	Evaluation of auditor	Audiology Services	October 2013	35	October 2017
92627	Evaluation of auditor	Audiology Services	October 2008	17	
92640	Diagnostic analysis w	Audiology Services	October 2008	17	
92920	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	

92921	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92924	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92925	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92928	Percutaneous transc	Percutaneous Coronary Inte	January 2012	10	
92929	Percutaneous transc	Percutaneous Coronary Inte	January 2012	10	
92933	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92934	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92937	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92938	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92941	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92943	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92944	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92960	Cardioversion, electi	Cardioversion	October 2010	19	
92973	Percutaneous translu	RAW	October 2013	35	October 2017
92980	Transcatheter placer	Percutaneous Coronary Inte	January 2012	10	
92981	Transcatheter placer	Percutaneous Coronary Inte	January 2012	10	
92982	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92984	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92986	Percutaneous balloo	Valvuloplasty	October 2008	26	
92995	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
92996	Percutaneous translu	Percutaneous Coronary Inte	January 2012	10	
93000	Electrocardiogram, r	Electrocardiogram	October 2012	20	
93005	Electrocardiogram, r	Electrocardiogram	October 2012	20	
93010	Electrocardiogram, r	Electrocardiogram	October 2012	20	
93012	Deleted from CPT	External Cardiovascular Dev	April 2010	25	
93014	Deleted from CPT	External Cardiovascular Dev	April 2010	25	
93015	Cardiovascular stress	Cardiovascular Stress Tests	April 2012	47	
93016	Cardiovascular stress	Cardiovascular Stress Tests	April 2012	47	
93017	Cardiovascular stress	Cardiovascular Stress Tests	April 2010	45	
93018	Cardiovascular stress	Cardiovascular Stress Tests	April 2012	47	
93025	Microvolt T-wave alt	Microvolt T-Wave Assessme	October 2008	18	
93040	Rhythm ECG, 1-3 lea	Rhythm EKG	October 2009	34	
93041	Rhythm ECG, 1-3 lea	Rhythm EKG	October 2009	34	
93042	Rhythm ECG, 1-3 lea	Rhythm EKG	October 2009	34	
93224	External electrocardi	External Cardiovascular Dev	April 2010	25	
93225	External electrocardi	External Cardiovascular Dev	April 2010	25	
93226	External electrocardi	External Cardiovascular Dev	April 2010	25	
93227	External electrocardi	External Cardiovascular Dev	April 2010	25	
93228	External mobile card	External Cardiovascular Dev	April 2010	25	
93229	External mobile card	External Cardiovascular Dev	April 2010	25	
93230	Deleted from CPT	Cardiac Device Monitoring	April 2009	31	
93231	Deleted from CPT	External Cardiovascular Dev	April 2010	25	
93232	Deleted from CPT	External Cardiovascular Dev	April 2010	25	
93233	Deleted from CPT	Cardiac Device Monitoring	April 2009	31	

93235	Deleted from CPT	External Cardiovascular Dev	April 2010	25	
93236	Deleted from CPT	Cardiovascular Stress Test	April 2009	38	
93237	Deleted from CPT	Wearable Cardiac Device M	February 2010	31	
93268	External patient and,	External Cardiovascular Dev	April 2010	25	
93270	External patient and,	External Cardiovascular Dev	April 2010	25	
93271	External patient and,	External Cardiovascular Dev	April 2010	25	
93272	External patient and,	External Cardiovascular Dev	April 2010	25	
93279	Programming device	Cardiac Electrophysiology D	October 2016	25	
93280	Programming device	Cardiac Electrophysiology D	October 2016	25	
93281	Programming device	Cardiac Electrophysiology D	October 2016	25	
93282	Programming device	Cardiac Electrophysiology D	October 2016	25	
93283	Programming device	Cardiac Electrophysiology D	October 2016	25	
93284	Programming device	Cardiac Electrophysiology D	October 2016	25	
93285	Programming device	Cardiac Electrophysiology D	October 2016	25	
93286	Peri-procedural devi	Cardiac Electrophysiology D	October 2016	25	
93287	Peri-procedural devi	Cardiac Electrophysiology D	October 2016	25	
93288	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93289	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93290	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93291	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93292	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93293	Transtelephonic rhyt	Cardiac Electrophysiology D	October 2016	25	January 2017
93294	Interrogation device	Cardiac Electrophysiology D	October 2016	25	January 2017
93295	Interrogation device	Cardiac Electrophysiology D	October 2016	25	January 2017
93296	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93297	Interrogation device	Cardiac Electrophysiology D	October 2016	25	January 2017
93298	Interrogation device	Cardiac Electrophysiology D	October 2016	25	January 2017
93299	Interrogation device	Cardiac Electrophysiology D	October 2016	25	
93306	Echocardiography, tr	Transthoracic Echocardiogr	April 2016	42	
93307	Echocardiography, tr	Transthoracic Echocardiogr	April 2016	42	
93308	Echocardiography, tr	Transthoracic Echocardiogr	April 2016	42	
93320	Doppler echocardiog	Doppler Echocardiography	January 2014	30	
93321	Doppler echocardiog	Doppler Echocardiography	January 2014	30	
93325	Doppler echocardiog	Doppler Echocardiography	January 2014	30	
93350	Echocardiography, tr	Stress Transthoracic Echoca	October 2016	26	
93351	Echocardiography, tr	Stress Transthoracic Echoca	October 2016	26	
93451	Right heart catheteri	Diagnostic Cardiac Catheter	April 2011	28	
93452	Left heart catheteriz	Diagnostic Cardiac Catheter	April 2011	28	
93453	Combined right and l	Diagnostic Cardiac Catheter	April 2011	28	
93454	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93455	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93456	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93457	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93458	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	

93459	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93460	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93461	Catheter placement	Diagnostic Cardiac Catheter	April 2011	28	
93462	Left heart catheteriz	Diagnostic Cardiac Catheter	April 2011	28	
93463	Pharmacologic agent	Diagnostic Cardiac Catheter	April 2011	28	
93464	Physiologic exercise	Diagnostic Cardiac Catheter	April 2011	28	
93501	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93503	Insertion and placem	Insertion of Catheter	October 2016	16	
93508	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93510	Deleted from CPT	Cardiac Catheterization	February 2009	31	
93511	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93514	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93526	Deleted from CPT	Cardiac Catheterization	February 2008	S	
93527	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93528	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93529	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93539	Deleted from CPT	Cardiac Catheterization	February 2008	S	
93540	Deleted from CPT	Cardiac Catheterization	February 2008	S	
93541	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93542	Deleted from CPT	Cardiac Catheterization	April 2010	26	
93543	Deleted from CPT	Cardiac Catheterization	February 2009	31	
93544	Deleted from CPT	Cardiac Catheterization	February 2008	S	
93545	Deleted from CPT	Cardiac Catheterization	February 2009	31	
93555	Deleted from CPT	Cardiac Catheterization	February 2009	31	
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31	
93563	Injection procedure c	Diagnostic Cardiac Catheter	April 2011	28	
93564	Injection procedure c	Diagnostic Cardiac Catheter	April 2011	28	
93565	Injection procedure c	Diagnostic Cardiac Catheter	April 2011	28	
93566	Injection procedure c	Diagnostic Cardiac Catheter	April 2011	28	
93567	Injection procedure c	Diagnostic Cardiac Catheter	April 2011	28	
93568	Injection procedure c	Diagnostic Cardiac Catheter	April 2011	28	
93571	Intravascular Dopple	RAW	October 2016	35	January 2017
93613	Intracardiac electrop	Intracardiac 3D Mapping ad	October 2013	18	January 2017
93620	Comprehensive elect	Intracardiac Catheter Ablati	April 2010	45	
93641	Electrophysiologic ev	Insertion/Removal of Pacer	September 2014	21	
93651	Intracardiac catheter	Bundling EPS with Transcatl	January 2012	11	
93652	Intracardiac catheter	Bundling EPS with Transcatl	January 2012	11	
93653	Comprehensive elect	Bundling EPS with Transcatl	January 2012	11	
93654	Comprehensive elect	Bundling EPS with Transcatl	January 2012	11	
93655	Intracardiac catheter	Bundling EPS with Transcatl	January 2012	11	
93656	Comprehensive elect	Bundling EPS with Transcatl	January 2012	11	
93657	Additional linear or f	Bundling EPS with Transcatl	January 2012	11	
93662	Intracardiac echocar	Electrocardiography	September 2014	21	

93701	Bioimpedance-derived physiologic cardiovascula		February 2011	41	
93731	Deleted from CPT	Cardiology Services	October 2008	26	
93732	Deleted from CPT	Cardiology Services	October 2008	26	
93733	Deleted from CPT	Cardiology Services	October 2008	26	
93743	Deleted from CPT	Cardiology Services	October 2008	26	
93744	Deleted from CPT	Cardiology Services	October 2008	26	
93875	Deleted from CPT	Noninvasive Vascular Diagn	April 2010	45	
93880	Duplex scan of extra	Duplex Scans	April 2014	33	
93882	Duplex scan of extra	Duplex Scans	April 2014	33	
93886	Transcranial Doppler	Duplex Scans	April 2014	33	
93888	Transcranial Doppler	Duplex Scans	April 2014	33	
93922	Limited bilateral non	Extremity Non-Invasive Arte	April 2010	27	
93923	Complete bilateral n	Extremity Non-Invasive Arte	April 2010	27	
93924	Noninvasive physiolo	Extremity Non-Invasive Arte	April 2010	27	
93925	Duplex scan of lower	Duplex Scans	April 2014	33	
93926	Duplex scan of lower	Duplex Scans	April 2014	33	
93930	Duplex scan of upper	Duplex Scans	April 2014	33	
93931	Duplex scan of upper	Duplex Scans	April 2014	33	
93965	Noninvasive physiolo	Non-invasive Physiologic St	January 2016	47	
93970	Duplex scan of extre	Duplex Scans	April 2014	33	
93971	Duplex scan of extre	Duplex Scans	April 2014	33	
93975	Duplex scan of arteri	Duplex Scans	April 2014	33	
93976	Duplex scan of arteri	Duplex Scans	April 2014	33	
93978	Duplex scan of aorta	Duplex Scans	April 2014	33	
93979	Duplex scan of aorta	Duplex Scans	April 2014	33	
93982	Noninvasive physiolo	Endovascular Repair Procedures (EVAR)			January 2017
93990	Duplex scan of hemo	Doppler Flow Testing	April 2014	40	
94010	Spirometry, including graphic record, total and ti		February 2011	41	
94014	Patient-initiated spir	Pulmonary Tests	February 2009	38	
94015	Patient-initiated spir	Pulmonary Tests	February 2009	38	
94016	Patient-initiated spir	Pulmonary Tests	February 2009	38	
94060	Bronchodilation resp	Evaluation of Wheezing	October 2012	30	
94240	Deleted from CPT	Pulmonary Tests	April 2010	45	
94260	Deleted from CPT	Pulmonary Tests	April 2010	45	
94350	Deleted from CPT	Pulmonary Tests	April 2010	45	
94360	Deleted from CPT	Pulmonary Tests	April 2010	45	
94370	Determination of air	Pulmonary Tests	April 2010	45	
94400	Breathing response t	Pulmonary Diagnostic Testi	October 2012		
94450	Breathing response t	Pulmonary Tests	February 2009	38	
94620	Pulmonary stress tes	Pulmonary Diagnostic Tests	October 2016	05	
94621	Pulmonary stress tes	Pulmonary Diagnostic Tests	October 2016	05	
94640	Pressurized or nonpr	Pulmonary Diagnostic Testi	October 2012		
94668	Manipulation chest v	Pulmonary Diagnostic Testi	October 2012		
94681	Oxygen uptake, expi	Pulmonary Tests	September 2011	51	

946X2		Pulmonary Diagnostic Tests	October 2016	05	
946X3		Pulmonary Diagnostic Tests	October 2016	05	
94720	Carbon monoxide dif	Pulmonary Tests	April 2010	45	
94725	Membrane diffusion	Pulmonary Tests	April 2010	45	
94726	Plethysmography for	Pulmonary Function Testing	April 2011	19	
94727	Gas dilution or washo	Pulmonary Function Testing	April 2011	19	
94728	Airway resistance by	Pulmonary Function Testing	April 2011	19	
94729	Diffusing capacity (eg	Pulmonary Function Testing	April 2011	19	
94760	Noninvasive ear or p	Measure Blood Oxygen Lev	February 2009	32	
94761	Noninvasive ear or p	Measure Blood Oxygen Lev	February 2009	32	
94762	Noninvasive ear or p	Measure Blood Oxygen Lev	February 2009	32	
94770	Carbon dioxide, expi	Pulmonary Tests	October 2012	57	
95004	Percutaneous tests (	Percutaneous Allergy Tests	October 2016	27	
95010	Percutaneous tests (	Percutaneous Allergy Tests	April 2011	31	
95015	Intracutaneous (intra	Intracutaneous Allgery Test	April 2011	31	
95017	Allergy testing, any c	Percutaneous Allergy Testir	April 2012	29	
95018	Allergy testing, any c	Percutaneous Allergy Testir	April 2012	29	
95024	Intracutaneous (intra	Intracutaneous Allgery Test	April 2011	31	
95027	Intracutaneous (intra	Intracutaneous Allgery Test	February 2011	41	
95115	Professional services	Immunotherapy Injections	April 2012	48	
95117	Professional services	Immunotherapy Injections	April 2012	48	
95144	Professional services	Antigen Therapy Services	January 2016	49	
95148	Professional services for the supervision of prepa		October 2010	73	
95165	Professional services	Antigen Therapy Services	January 2016	49	
95250	Ambulatory continuo	Continuous Glucose Monito	October 2016	28	
95251	Ambulatory continuo	Continuous Glucose Monito	October 2016	28	
95800	Sleep study, unatten	Sleep Testing	April 2010	28	
95801	Sleep study, unatten	Sleep Testing	April 2010	28	
95803	Actigraphy testing, re	Sleep Testing	April 2010	28	
95805	Multiple sleep latenc	Sleep Testing	April 2010	28	
95806	Sleep study, unatten	Sleep Testing	April 2010	28	
95807	Sleep study, simultar	Sleep Testing	April 2010	28	
95808	Polysomnography; a	Sleep Testing	April 2010	28	
95810	Polysomnography; a	Sleep Testing	April 2010	28	
95811	Polysomnography; a	Sleep Testing	April 2010	28	
95812	Electroencephalogra	Electroencephalogram (EEG	January 2016	50	
95813	Electroencephalogra	Electroencephalogram (EEG	January 2016	50	
95816	Electroencephalogra	Electroencephalogram	October 2012	22	
95819	Electroencephalogra	Electroencephalogram	October 2012	22	
95822	Electroencephalogra	Electroencephalogram	October 2012	22	
95831	Muscle testing, manu	RAW	January 2016	54	October 2018
95860	Needle electromyogr	EMG in Conjunction with N	April 2012	32	
95861	Needle electromyogr	EMG in Conjunction with N	April 2012	32	
95863	Needle electromyogr	EMG in Conjunction with N	April 2012	32	

95864	Needle electromyogr	EMG in Conjunction with Ne	April 2012	32	
95867	Needle electromyogr	EMG in Conjunction with Ne	April 2012	32	
95868	Needle electromyogr	EMG in Conjunction with Ne	April 2012	32	
95869	Needle electromyogr	EMG in Conjunction with Ne	April 2012	32	
95870	Needle electromyogr	EMG in Conjunction with Ne	April 2012	32	
95885	Needle electromyogr	EMG in Conjunction with Ne	April 2011	20	
95886	Needle electromyogr	EMG in Conjunction with Ne	April 2011	20	
95887	Needle electromyogr	EMG in Conjunction with Ne	April 2011	20	
95900	Nerve conduction, ar	EMG in Conjunction with Ne	April 2012	32	
95903	Nerve conduction, ar	EMG in Conjunction with Ne	April 2012	32	
95904	Nerve conduction, ar	EMG in Conjunction with Ne	April 2012	32	
95907	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95908	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95909	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95910	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95911	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95912	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95913	Nerve conduction stu	EMG in Conjunction with Ne	April 2012	32	
95921	Testing of autonomic	Autonomic Function Testing	April 2012	33	
95922	Testing of autonomic	Autonomic Function Testing	April 2012	33	
95923	Testing of autonomic	Autonomic Function Testing	April 2012	33	
95924	Testing of autonomic	Autonomic Function Testing	October 2012	06	
95925	Short-latency somato	Evoked Potentials and Refle	January 2013	34	
95926	Short-latency somato	Evoked Potentials and Refle	January 2013	34	
95928	Central motor evoke	Evoked Potentials and Refle	April 2013	36	
95929	Central motor evoke	Evoked Potentials and Refle	April 2013	36	
95930	Visual evoked potent	Visual Evoked Potential Tes	October 2016	11	
95934	H-reflex, amplitude a	EMG in Conjunction with Ne	April 2012	32	
95936	H-reflex, amplitude a	EMG in Conjunction with Ne	April 2012	32	
95938	Short-latency somato	Evoked Potentials and Refle	January 2013	34	
95939	Central motor evoke	Evoked Potentials and Refle	January 2013	34	
95940	Continuous intraope	Intraoperative Neurophysio	January 2012	12	
95941	Continuous intraope	Intraoperative Neurophysio	January 2012	12	
95943	Simultaneous, indep	Autonomic Function Testing	October 2012	06	
95950	Monitoring for ident	EEG Monitoring	February 2010	26	
95951	Monitoring for locali	RAW	October 2016	35	January 2017
95953	Monitoring for locali	EEG Monitoring	February 2010	26	
95954	Pharmacological or p	EEG Monitoring	February 2008	S	
95956	Monitoring for locali	EEG Monitoring	February 2010	26	
95957	Digital analysis of ele	Electroencephalogram (EEG	January 2016	50	
95970	Electronic analysis of	Implanted Neurostimulator	January 2016	51	April 2017
95971	Electronic analysis of	Analysis of implanted neuro	April 2015	21	
95972	Electronic analysis of	Analysis of implanted neuro	April 2015	21	
95973	Electronic analysis of	Implanted Neurostimulator	April 2015	21	

95974	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95975	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95978	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95979	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95980	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95981	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95982	Electronic analysis of	Electronic Analysis of Impla	January 2016	51	April 2017
95990	Refilling and mainter	Electronic Analysis Implante	February 2011	07	
95991	Refilling and mainter	Electronic Analysis Implante	February 2011	07	
96101	Psychological testing	Psychological and Neuro-ps	January 2016	56	January 2017
96102	Psychological testing	Psychological and Neuro-ps	January 2016	56	January 2017
96103	Psychological testing	Psychological and Neuro-ps	January 2016	56	January 2017
96105	Assessment of aphas	Psychological and Neuro-ps	October 2009	33	January 2017
96110	Developmental scree	Psychological and Neuro-ps	January 2016		January 2017
96111	Developmental testi	Psychological and Neuro-ps	January 2016		January 2017
96116	Neurobehavioral sta	Psychological and Neuro-ps	January 2016	52	January 2017
96118	Neuropsychological t	Psychological and Neuro-ps	January 2016	56	January 2017
96119	Neuropsychological t	Psychological and Neuro-ps	January 2016	56	January 2017
96120	Neuropsychological t	Psychological and Neuro-ps	January 2016	56	January 2017
96125	Standardized cogniti	Psychological and Neuro-ps	January 2016	56	January 2017
96127	Brief emotional/beh	Psychological and Neuro-ps	January 2016		January 2017
96360	Intravenous infusion	IV Hydration			January 2017
96361	Intravenous infusion	IV Hydration			January 2017
96365	Intravenous infusion	Intravenous Infusion Thera	January 2013	28	
96366	Intravenous infusion	Intravenous Infusion Thera	January 2013	28	
96367	Intravenous infusion	Intravenous Infusion Thera	January 2013	28	
96368	Intravenous infusion	Intravenous Infusion Thera	January 2013	28	
96372	Therapeutic, prophyl	Application of On-body Inje	October 2013	18	January 2017
96374	Therapeutic, prophyl	Application of On-body Injector with Subcutaneous Inject			January 2017
96375	Therapeutic, prophyl	Application of On-body Injector with Subcutaneous Inject			January 2017
96377	Application of on-bo	Application of On-body Inje	January 2016		January 2017
963X0		Psychological and Neuro-psychological Testing			January 2017
963X1		Psychological and Neuro-psychological Testing			January 2017
963X2		Psychological and Neuro-psychological Testing			January 2017
963X3		Psychological and Neuro-psychological Testing			January 2017
963X4		Psychological and Neuro-psychological Testing			January 2017
963X5		Psychological and Neuro-psychological Testing			January 2017
963X6		Psychological and Neuro-psychological Testing			January 2017
96401	Chemotherapy admi	Chemotherapy Administration			January 2017
96402	Chemotherapy admi	Chemotherapy Administration			January 2017
96405	Chemotherapy admi	Chemotherapy Administrati	April 2008	55	
96406	Chemotherapy admi	Chemotherapy Administrati	April 2008	55	
96409	Chemotherapy admi	Chemotherapy Administration			January 2017
96411	Chemotherapy admi	Chemotherapy Administration			January 2017

96413	Chemotherapy admi	Chemotherapy Administrati	January 2013	29	
96415	Chemotherapy admi	Chemotherapy Administrati	January 2013	29	
96416	Chemotherapy admi	Chemotherapy Administrati	October 2010	20	
96417	Chemotherapy admi	Chemotherapy Administrati	January 2013	29	
96440	Chemotherapy admi	Chemotherapy Administrati	February 2008	R	
96567	Photodynamic thera	Photodynamic Therapy	April 2016	43	January 2017
96910	Photochemotherapy	Photo-chemotherapy	April 2016	44	
96920	Laser treatment for i	Laser Treatment – Skin	October 2015	21	October 2017
96921	Laser treatment for i	Laser Treatment – Skin	October 2015	21	October 2017
96922	Laser treatment for i	Laser Treatment – Skin	October 2015	21	October 2017
96X73		Photodynamic Therapy			January 2017
96X74		Photodynamic Therapy			January 2017
97001	Physical therapy eva	Physical Medicine and Reha	October 2015	17	
97002	Physical therapy re-e	Physical Medicine and Reha	October 2015	17	
97003	Occupational therap	Physical Medicine and Reha	October 2015	17	
97004	Occupational therap	Physical Medicine and Reha	October 2015	17	
97010	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97012	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97014	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97016	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97018	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97022	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97032	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97033	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97034	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97035	Application of a mod	Physical Medicine and Reha	April 2016	47	January 2017
97110	Therapeutic procedu	Physical Medicine and Reha	April 2016	47	January 2017
97112	Therapeutic procedu	Physical Medicine and Reha	April 2016	47	January 2017
97113	Therapeutic procedu	Physical Medicine and Reha	April 2016	47	January 2017
97116	Therapeutic procedu	Physical Medicine and Reha	April 2016	47	January 2017
97140	Manual therapy tech	Physical Medicine and Reha	April 2016	47	January 2017
97150	Therapeutic procedu	Physical Medicine and Reha	April 2016	47	January 2017
97161	Physical therapy eva	Physical Medicine and Reha	October 2015	17	
97162	Physical therapy eva	Physical Medicine and Reha	October 2015	17	
97163	Physical therapy eva	Physical Medicine and Reha	October 2015	17	
97164	Re-evaluation of phy	Physical Medicine and Reha	October 2015	17	
97165	Occupational therap	Physical Medicine and Reha	October 2015	17	
97166	Occupational therap	Physical Medicine and Reha	October 2015	17	
97167	Occupational therap	Physical Medicine and Reha	October 2015	17	
97168	Re-evaluation of occ	Physical Medicine and Reha	October 2015	17	
97530	Therapeutic activitie	Physical Medicine and Reha	April 2016	47	January 2017
97532	Development of cog	Cognitive Function Interven	April 2016	47	January 2017
97533	Sensory integrative t	Physical Medicine and Reha	April 2016	47	January 2017
97535	Self-care/home man	Physical Medicine and Reha	April 2016	47	January 2017

97537	Community/work rel	Physical Medicine and Reha	April 2016	47	January 2017
97542	Wheelchair manager	Physical Medicine and Reha	April 2016	47	January 2017
97597	Debridement (eg, hig	Excision and Debridement	April 2016	47	October 2017
97598	Debridement (eg, hig	Excision and Debridement	April 2016	47	October 2017
97602	Removal of devitalize	Physical Medicine and Reha	April 2016	47	
97605	Negative pressure w	Negative Pressure Wound T	April 2016	47	
97606	Negative pressure w	Negative Pressure Wound T	April 2016	47	
97607	Negative pressure w	Negative Pressure Wound T	April 2016	47	
97608	Negative pressure w	Negative Pressure Wound T	April 2016	47	
97610	Low frequency, non-	Physical Medicine and Reha	April 2016	47	
97755	Assistive technology	Physical Medicine and Reha	April 2016	47	April 2017
97760	Orthotic(s) managem	Orthotic Management and	April 2016	47	January 2017
97761	Prosthetic training, u	Orthotic Management and	April 2016	47	January 2017
97762	Checkout for orthoti	Orthotic Management and	April 2016	47	January 2017
977X1		Orthotic Management and Prosthetic Training			January 2017
97802	Medical nutrition the	Medical Nutrition Therapy	April 2008	53	
97803	Medical nutrition the	Medical Nutrition Therapy	April 2008	53	
97X11		Cognitive Function Intervention			January 2017
98925	Osteopathic manipul	Osteopathic Manipulative T	February 2011	34	
98926	Osteopathic manipul	Osteopathic Manipulative T	February 2011	34	
98927	Osteopathic manipul	Osteopathic Manipulative T	February 2011	34	
98928	Osteopathic manipul	Osteopathic Manipulative T	February 2011	34	
98929	Osteopathic manipul	Osteopathic Manipulative T	February 2011	34	
98940	Chiropractic manipul	Chiropractic Manipulative T	October 2012	25	
98941	Chiropractic manipul	Chiropractic Manipulative T	October 2012	25	
98942	Chiropractic manipul	Chiropractic Manipulative T	October 2012	25	
98943	Chiropractic manipul	Chiropractic Manipulative T	October 2012	25	
99143	Deleted from CPT	Moderate Sedation Service	October 2015	14	
99144	Deleted from CPT	Moderate Sedation Service	October 2015	14	
99148	Deleted from CPT	Moderate Sedation Service	October 2015	14	
99149	Deleted from CPT	Moderate Sedation Service	October 2015	14	
99150	Deleted from CPT	Moderate Sedation Service	October 2015	14	
99151	Moderate sedation s	Moderate Sedation Service	October 2015	14	
99152	Moderate sedation s	Moderate Sedation Service	October 2015	14	
99155	Moderate sedation s	Moderate Sedation Service	October 2015	14	
99156	Moderate sedation s	Moderate Sedation Service	October 2015	14	
99174	Instrument-based oc	Instrument-Based Ocular Sc	September 2014	09	
99177	Instrument-based oc	Instrument-Based Ocular Sc	September 2014	09	
99183	Physician or other qu	Hyperbaric Oxygen Therapy	January 2014	33	
99363	Anticoagulant manag	Home INR Monitoring			January 2017
99364	Anticoagulant manag	Home INR Monitoring			January 2017
99375	Supervision of a pati	Home Healthcare Supervisi	April 2016	47	
99378	Supervision of a hosp	Home Healthcare Supervisi	April 2016	47	
993X1		Home INR Monitoring			January 2017

993X2		Home INR Monitoring			January 2017
99497	Advance care plannir	Advance Care Planning	January 2014	19	October 2017
99498	Advance care plannir	Advance Care Planning	January 2014	19	October 2017
G0101	Cervical or vaginal cancer screening; pelvic and c		October 2016	35	
G0102		RAW	October 2016	35	January 2017
G0104	Colorectal cancer scr	Flexible Sigmoidoscopy	January 2014	09	
G0105	Colorectal cancer scr	Colonoscopy	January 2014	10	
G0108	Diabetes outpatient	RAW	October 2016	35	April 2017
G0109	Diabetes outpatient	RAW	October 2016	35	April 2017
G0121	Colorectal cancer scr	Colonoscopy	January 2014	10	
G0127	Trimming of dystrophic nails, any number		September 2011	51	
G0166	External counterpuls	RAW	October 2016	35	April 2017
G0179	Physician re-certifica	Physician Recertification	April 2016	47	
G0180	Physician certificatio	Physician Recertification	April 2016	47	
G0181	Physician certificatio	Home Healthcare Supervisi	April 2016	47	
G0182	Physician supervisior	Home Healthcare Supervisi	April 2016	47	
G0202	Screening mammogr	Mammography	January 2016	20	
G0204	Diagnostic mammog	Mammography	January 2016	20	
G0206	Diagnostic mammog	Mammography	January 2016	20	
G0237	Therapeutic procedu	Respiratory Therapy	February 2009	38	
G0238	Therapeutic procedu	Respiratory Therapy	February 2009	38	
G0248	Demonstration, prio	Home INR Monitoring	April 2016	45	January 2017
G0249	Provision of test mat	Home INR Monitoring	April 2016	45	January 2017
G0250	Physician review, int	Home INR Monitoring	April 2016	45	January 2017
G0268	Removal of impacted	Removal of Wax	February 2009	26	
G0270	Medical nutrition the	Medical Nutrition Therapy	February 2008	S	
G0283	Electrical stimulation	Physical Medicine and Reha	April 2016	47	January 2017
G0389	Ultrasound b-scan ar	Abdominal Aorta Ultrasoun	October 2015	12	January 2017
G0402	Initial preventive phy	RAW	October 2016	35	April 2017
G0403	Electrocardiogram, r	RAW	October 2016	35	April 2017
G0416	Surgical pathology, g	Prostate Biopsy - Pathology	October 2015	16	
G0436	Smoking and tobacco	RAW	October 2016	35	April 2017
G0438	Annual wellness visit	RAW	April 2016	47	
G0439	Annual wellness visit	RAW	April 2016	47	
G0442	Annual alcohol misus	RAW	October 2016	35	April 2017
G0444	Annual depression sc	RAW	October 2016	35	April 2017
G0447	Face-to-face behavio	RAW	October 2016	35	April 2017
G0453	Continuous intraope	RAW	October 2016	35	
G0456	Negative pressure w	Negative Pressure Wound T	January 2014	17	
G0457	Negative pressure w	Negative Pressure Wound T	January 2014	17	

RUC or RAW to Review	Specialty Society to Survey	Specialty Society to Comment	RUC Recommendation
RAW	ASA		Review action plan
RUC	ASA		Deleted from CPT
RUC	ASA		
RUC	ASA		
RUC	ASA		Deleted from CPT
RUC	ASA		
RUC	ASA		
RUC	ASA		
	ASA		Remove from screen
RAW	ASA		Review action plan
RUC	AACE, ASBS, ASC, CAI	ACEP	Refer to CPT
RUC	AACE, ASBS, ASC, CAP, ES, ACR, SIR		Refer to CPT
	ACR, SIR		3.00
	AAD		0.91
	APMA	ACS, AAO-HNS, A	1.50
	APMA	ACS, AAO-HNS, A	2.45
	APMA, AAFP	AAP	1.25
			Remove from re-review
	APMA, APTA	AAFP, AAD, ASP	Deleted from CPT
	APMA, APTA	AAFP, AAD, ASP	Deleted from CPT
	APMA, APTA	AAFP, AAD, ASP	1.12
	APMA, APTA	AAFP, AAD, ASP	3.00
	APMA, APTA	AAFP, AAD, ASP	4.56
	ACS, APMA, APTA	AAFP, AAD, ASP	0.69
	ACS, APMA, APTA	AAFP, AAD, ASP	1.29
	ACS, APMA, APTA	AAFP, AAD, ASP	2.00
	APMA		Maintain
	APMA		0.50
	APMA		Maintain
RUC	AAD		Refer to CPT
RUC	AAD		Refer to CPT
	AAD		0.60
	AAD		0.90
	AAD		1.16
	AAD		1.25
	AAD		0.80
	AAD		1.18
	AAD		1.20
	AAD		1.46

	AAD		1.19
	AAD		1.43
	AAD		1.80
	AAD		2.00
	APMA		0.17
	APMA		0.32 (Interim)
	APMA		0.54 (Interim)
	APMA		1.10
RUC Review work and direct PE			1.99
			Deleted from CPT
	AAD	APMA	0.52
	AAD	APMA	0.80
	AUA	ACOG	1.10
	AUA, AAOS		Remove from screen
	AUA		Remove from screen
	AUA		Remove from screen
	ACEP, AAFP	ACS, AAP, AAON	0.84
	ACEP, AAFP	ACS, AAP, AAON	1.14
	ACEP, AAFP	ACS, AAP, AAON	1.44
	ACEP, AAFP	ACS, AAP, AAON	1.97
	ACEP, AAFP	ACS, AAP, AAON	2.39
	ACEP, AAFP	ACS, AAP, AAON	2.90
	ACEP, AAFP	ACS, AAP, AAON	1.07
	ACEP, AAFP	ACS, AAP, AAON	1.22
	ACEP, AAFP	ACS, AAP, AAON	1.57
	ACEP, AAFP	ACS, AAP, AAON	1.98
	ACEP, AAFP	ACS, AAP, AAON	2.68
	ACEP, AAFP	ACS, AAP, AAON	3.18
	ACEP, AAFP	ACS, AAP, AAON	3.61
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		2.00
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		2.52
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		2.97
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		3.60
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		4.50
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		5.25
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		2.10
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		2.79
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		3.19
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		3.90
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		4.60
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		5.50
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		2.33
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		Remove from screen
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		3.17

	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		3.50
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		4.65
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		5.50
	AAO-HNS, AAD, AAP, ACEP, ASPS, AAF		6.28
	AAD, AAO-HNS, ASPS		3.00
	AAD, AAO-HNS, ASPS		3.50
	AAD, AAO-HNS, ASPS		1.24
RAW	AAD, AAO-HNS, ASPS		3.23 and CPT Assistant article pu
RAW	AAD, AAO-HNS, ASPS	APMA, ASPS	4.00 and CPT Assistant article pu
RAW	AAD, AAO-HNS, ASPS		1.44 and CPT Assistant article pu
	AAD, AAO-HNS, ASPS	APMA, ASPS	3.73
	AAD, AAO-HNS, ASPS		4.78
	AAD, AAO-HNS, ASPS		2.19
	AAD, AAO-HNS, ASPS		Deleted from CPT
	AAD, AAO-HNS, ASPS		4.34
	AAD, AAO-HNS, ASPS	APMA, ASPS	5.34
	AAD, AAO-HNS, ASPS		2.38
	ACS, AAD, ASPS		6.19
	ACS, AAD, ASPS		8.58
	AAD, ASPS		7.02
	AAD, ASPS		9.52
	AAD, ASPS, AAO-HNS		8.44
	AAD, ASPS, AAO-HNS		10.63
	AAD, ASPS, AAO-HNS		Maintain
	AAD, ASPS, AAO-HNS		11.25
	ACS, AAD, ASPS, AAO-HNS		Deleted from CPT
	ACS, AAO-HNS, ASPS	AAD, AAOS	12.47
	ACS, AAO-HNS, ASPS	AAD, AAOS	3.73
	ASPS		Maintain work RVU and adjust t
	ASPS, APMA		Maintain work RVU and adjust t
	ASPS		Maintain work RVU and adjust t
	AAO-HNS, ASPS		Remove from screen
	APMA, ASPS	AAD, ACS	Deleted from CPT
	APMA, ASPS	AAD, ACS	Deleted from CPT
	APMA, ASPS	AAD, ACS	Deleted from CPT
	APMA, ASPS	AAD, ACS	Deleted from CPT
	AAO-HNS, ASPS		Reduce 99238 to 0.5
	ASPS, AAD		Maintain work RVU and adjust t
	ACS, APMA, ASPS		1.50
	ACS, APMA, ASPS		0.59
	ACS, APMA, ASPS		3.50
	ACS, APMA, ASPS		0.80
	ACS, APMA, ASPS		1.83
	ACS, APMA, ASPS		0.59

	ACS, APMA, ASPS		4.00
	ACS, APMA, ASPS		1.00
	APMA, ASPS	AAD, ACS	Deleted from CPT
	APMA, ASPS	AAD, ACS	Deleted from CPT
	ASPS		Deleted from CPT
	AAO-HNS, APMA, AS	AAD, ACS	Deleted from CPT
	AAO-HNS, APMA, AS	AAD, ACS	Deleted from CPT
	AAO-HNS, APMA, AS	AAD, ACS	Deleted from CPT
	APMA, ASPS		Deleted from CPT
	APMA, ASPS		Deleted from CPT
	APMA, ASPS		Deleted from CPT
	APMA, ASPS		Deleted from CPT
	APMA, AAO-HNS, ASPS		Deleted from CPT
	ACS, ASPS		Deleted from CPT
	APMA, ASPS, AAD	ACS	Deleted from CPT
	APMA, ASPS, AAD		Deleted from CPT
	ACS, ASPS, AAO-HNS	AAD	10.00
	ACS, ASPS, AAO-HNS	AAD	9.94
	ASPS, AAO-HNS	AAD	10.52
	ASPS, AAO-HNS	AAD	9.24
RUC			Refer to CPT
RUC	ASPS		Deleted from CPT
RUC			23.00
RUC	ASSH, ASPS		17.04
RUC	ASPS		19.04
	AAD, ASPS		11.57
	ACS, APMA, ASPS		3.65
RUC	AAO		
RUC	ASPS		
	AAO	AAO-HNS, ASPS	6.81
	ASPS, AAFP, AAPMR,	ACEP	0.80
	ASPS, AAFP, AAPMR,	ACEP	1.85
	ACEP, ASPS, AAFP, AAPMR, ACS, AAP		CPT Assistant article published.
	AAD		0.61
	AAD		0.04
	AAD		1.37
	AAD	AAFP, AAO-HNS	3.61
	AAD	AAO-HNS	4.68
	AAD	AAO-HNS	6.37
			Remove from screen
			Remove from screen
RAW	AAFP, ACS, APMA		CPT Assistant article published
	AAD, AAFP		1.22
	AAD, AAFP		1.63

	AAD, AAFP		1.54
	AAD, AAFP		1.82
	AAD, AAFP		1.77
	AAD, AAFP		2.09
	AAD		6.20
	AAD		3.30
	AAD		5.56
	AAD		3.06
	AAD		0.87
	ACS		Reduce 99238 to 0.5, remove h
	ACR, ACS, ASBS		3.29
	ACR, ACS, ASBS		1.65
	ACR, ACS, ASBS		3.10
	ACR, ACS, ASBS		1.55
	ACR, ACS, ASBS		3.64
	ACR, ACS, ASBS		1.82
	ACR, ACS, ASBS		Deleted from CPT
	ACR, ACS, ASBS		Deleted from CPT
	ACR, ACS, ASBS		2.00
	ACR, ACS, ASBS		1.00
	ACR, ACS, ASBS		2.00
	ACR, ACS, ASBS		1.00
	ACR, ACS, ASBS		1.70
	ACR, ACS, ASBS		0.85
	ACR, ACS, ASBS		3.02
	ACR, ACS, ASBS		1.51
	ACR, ACS, ASBS		Deleted from CPT
	ACR, ACS, ASBS		Deleted from CPT
	ACR, ACS, ASBS		Deleted from CPT
	ACS, ASBS		15.00
	ASPS		Reduce 99238 to 0.5
	ASPS		13.99
	ASPS	ACS	18.50
	APMA, AAOS		Deleted from CPT
	ACS, AAO-HNS		3.55
	AAOS, APMA		3.73
	AAOS		6.50
	ACS, AAOS		Reduce 99238 to 0.5
RUC	AAOS, AAPM&R, ACRh, APMA, ASSH		0.75
	APMA, AAPM, AAOS	AAOS, NASS, AP	Remove from screen
RUC	AAPM&R, ACRh, ASA		0.66
RUC	AAPM&R, ACRh, ASA		0.75
	AAFP, AAOS, ACR, AC	ASA, AAPMR, AA	0.66 and new PE inputs
	AAFP, AAOS, ACR, AC	AAFP, AAOMS, A	0.89

	AAFP, AAOS, ACR, AC	AAFP, AAOMS, A	0.68 and new PE inputs
	AAFP, AAOS, ACR, AC	AAFP, AAOMS, A	1.00
	AAFP, AAOS, ACR, AC	AAFP, AAOMS, A	0.79 and new PE inputs
	AAFP, AAOS, ACR, AC	AAFP, AAOMS, A	1.10
	AAOS, APMA		5.96 and adjustments to pre-se
			Maintain
	AAOS		Reduce 99238 to 0.5
	AOFAS, AAOS	APMA	3.00
	AOFAS, AAOS	APMA	4.58
	AAOS, AAO-HNS, AA	APMA, ASPS	Remove from screen
	ACS, AAOS, AAO-HNS, ASPS		9.71
	AAOMS		10.03
RUC			Deleted from CPT
	ACS, AAOS		14.57
	STS, ACS		Deleted from CPT
	STS, ACS		Referred to CPT for deletion
	STS, ACS		Deleted from CPT
	STS, ACS		19.55
	STS, ACS		25.00
	STS, ACS		35.00
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revise
	STS, ACS		Unrelated to the family
	ACS, AAOS		15.54
	AAOS, NASS, AANS/CNS		Maintain
	AANS/CNS, NASS		Deleted from CPT
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		8.15
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		8.05
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		4.00
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		8.90
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		8.24
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		4.00
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		Deleted from CPT
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		Deleted from CPT
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		Deleted from CPT
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		Deleted from CPT
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		Deleted from CPT
	AANS, CNS, AAOS, NASS, ACR, SIR, AS		Deleted from CPT
	AAOS, NASS, AANS/CNS		Remove from screen. CPT Assis
	NASS, AANS/CNS, AAOS		24.50
	NASS, AANS/CNS, AAOS		6.50
	NASS, AANS/CNS		17.69
RAW	AANS/CNS, AAOS, NASS		Review action plan. Refer to CP
	NASS, AANS/CNS		Remove from screen
	AANS/CNS, AAOS, NASS		Review utilization data October

	AANS/CNS, AAOS, NASS		6.43
	AANS/CNS, AAOS, NASS		22.09
	AANS/CNS, AAOS, NASS		5.22
	AANS/CNS, AAOS, NASS		27.75
	AANS/CNS, AAOS, NASS		8.16
	AAOS, NASS, AANS		Remove from screen
	AAOS, NASS, AANS/CNS		Maintain
RUC	AANS/CNS, NASS		Deleted from CPT
	AAOS, AANS, CNS, ISASS, NASS		6.00
	AAOS, AANS, CNS, ISASS, NASS		4.88
	AAOS, AANS, CNS, ISASS, NASS		5.50
	ACS, AAOS		8.21
	ACS, AAOS		7.28
	AAOS		7.23
	AAOS		Reduce 99238 to 0.5
	ACR, AAOS		1.00
	AAOS		Reduce 99238 to 0.5
	AAOS		11.23
	AAOS		Maintain work RVU and adjust t
	AAOS		9.23
	AAOS		13.35
	AAOS	ASSH	10.17
	AAOS		Reduce 99238 to 0.5
	AAOS		Remove from screen
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS		3.00
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP and orthopaedic subspec		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	ASSH, AAOS, ASPS		7.56
	AAOS		Reduce 99238 to 0.5
	AAOS		Reduce 99238 to 0.5
	AAOS		Reduce 99238 to 0.5
	ASSH, AAOS		7.94
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ASSH		Maintain work RVU and adjust t
	AAOS, ASSH		Maintain work RVU and adjust t
	AAOS, ASSH		Maintain work RVU and adjust t
	AAOS, ASSH		Maintain work RVU and adjust t

	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
RAW	ASSH, AAOS		Action plan for RAW Oct 2015. I
RUC	AAOS, ASPS, ASSH		10.03
RUC	AAOS, ASPS, ASSH		11.50
RUC	AAOS, ASPS, ASSH		13.10
	AAOS, ASSH	ASPS	6.76
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	ACS, AAOS		8.74
	AAOS		5.66
	AAPM, AAPMR, ASA,	ACRh, ASNR, AA	1.48
	AAOS, AAHKS		21.79
	AAOS, AAHKS		Maintain work RVU and adjust t
	AAOS		Deleted from CPT
	AAOS		Deleted from CPT
	AAOS		5.50
	AAOS		9.00
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS		17.61
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS		18.00
	AAOS		18.00
	ACEP		3.82
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	ACS, AAOS		Reduce 99238 to 0.5
	AAPMR, ACR	AAOS, AAPMR	Refer to CPT
	AAOS, AAHKS		17.48
	AAOS, AAHKS		19.60
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	ACS, AAOS		15.54
	ACS, AAOS		6.80
	AOFAS, AAOS		12.10
	AOFAS, AAOS		9.72
	AAOS, AOFAS, APMA		9.00
	AOFAS, APMA, AAOS		10.32
	AAOS		Reduce 99238 to 0.5

	AAOS		Reduce 99238 to 0.5
	AOFAS, APMA, AAOS		8.96
	AOFAS, APMA, AAOS		10.28
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, AOFAS,	APMA	9.71
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS		Maintain work RVU and adjust t
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
			Maintain
	APMA, AAOS		Reduce 99238 to 0.5
	APMA, AAOS		Reduce 99238 to 0.5
	AOFAS, APMA, AAOS		8.27
	AOFAS, APMA, AAOS		7.72
	APMA, AAOS		Remove 99238
	AAOS, AOFAS, APMA		5.62
	AAOS, AOFAS, APMA		6.90
	AAOS, AOFAS, APMA		Deleted from CPT
	AAOS, AOFAS, APMA		8.01
	AAOS, AOFAS, APMA		7.44
	AAOS, AOFAS, APMA		Deleted from CPT
	AAOS, AOFAS, APMA		Deleted from CPT
	AAOS, AOFAS, APMA		8.57
	AAOS, AOFAS, APMA		8.25
	AAOS, AOFAS, APMA		9.29
	AAOS, AOFAS, APMA		7.75
	AAOS, AOFAS, APMA		9.29
	AAOS		Reduce 99238 to 0.5
	APMA, AAOS		Reduce 99238 to 0.5
	AAOS, APMA, AOFAS		2.03
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
	AOFAS, APMA, AAOS		12.18
	AOFAS, APMA, AAOS		12.42
	AAOS		Reduce 99238 to 0.5
	AOFAS, ACS, APMA, AAOS, SVS		6.01
	AAOS, ASSH		0.77
	APTA		0.39
	AAFP	NASS, AAOS	Deleted from CPT
	APTA		0.39
	APTA		0.39
	APTA		0.39
	AAOS, AHKNS, AOFAS, AOA, NASS		1.78

	APTA		0.39
	APTA		0.39
	APMA	AAOS, AAFP, AA	0.39
	APMA	AAOS, AAFP, AA	0.25
RUC	ACS, APMA, SVS	APTA	0.55
RUC	ACS, APMA, SVS	APTA	0.60
RAW	APTA		Deleted form CPT
RAW	APTA		Deleted form CPT
RAW	APTA		Develop CPT Assistant Article
	APMA	AAOS, AAFP, AA	Refer to CPT for deletion
	AAOS	ASSH	No NF PE inputs
	AAOS		Remove from screen
	AAOS		Remove from screen
	AAOS		8.82
	AAOS		3.00
	AAOS		15.59. Maintain work RVU and a
	AAOS		13.16
	AAOS	ASSH	No NF PE inputs
	AAOS	ASSH	No NF PE inputs
	AAOS	ASSH	New PE non-facility inputs
	AAOS		14.14
	AAOS	ASSH	No NF PE inputs
RUC	AAOHNS		3.00
	AAO-HNS		Reduce 99238 to 0.5
	AAOHNS	AAFP, ACEP	1.10
	AAOHNS		1.54
	AAOHNS		1.97
	AAOHNS		2.45
	AAO-HNS		1.10
	AAO-HNS		2.60
	AAO-HNS		2.74
	AAO-HNS		9.04
	AAO-HNS		2.61
RUC	AAOHNS		
RUC	AAOHNS		Refer to CPT to bundle
RUC	AAOHNS		
RUC	AAOHNS		
RUC	AAOHNS		Refer to CPT to bundle
RUC	AAOHNS		Refer to CPT to bundle
RUC	AAOHNS		Refer to CPT to bundle
RUC	AAOHNS		Refer to CPT to bundle
RUC	AAOHNS		Refer to CPT to bundle
	ACEP, ASA		3.00 and Refer to CPT Assistant
	AAOHNS		21.50

	AAOHNS		20.50
	AAOHNS		22.00
	AAOHNS		22.00
	AAO-HNS		Reduce 99238 to 0.5
	AAO-HNS		1.00
	AAO-HNS		1.94
	AAO-HNS		14.60
	AAO-HNS		Deleted from CPT
	AAO-HNS		20.00
	AAO-HNS		15.27
	AAO-HNS		Deleted from CPT
	AAOHNS		15.60
	AAOHNS		25.00
	AAOHNS		5.56
	AAOHNS		8.00
	AAOHNS		6.00
	AAOHNS		6.45
RUC	AAOHNS, ACS		12.00
	AAO-HNS		Reduce 99238 to 0.5
	ACCP, ATS	AIUM	Deleted from CPT
	ACCP, ATS		2.78
RAW			Review action plan
	ACCP, ATS		3.36
	ACCP, ATS		4.16
	ACCP, ATS		3.80
	ACCP, ATS		4.00
	ACCP, ATS		1.03
	ACCP, ATS		1.32
RUC	ATS, CHEST		2.88
RUC	ATS, CHEST		2.78
	ATS, ACCP		5.00
	ATS, ACCP		5.50
	ATS, ACCP		1.70
RUC	AAOHNS		
RUC	AAOHNS		
RUC	AAOHNS		
RUC	AAOHNS		
RUC	AAOHNS		
			Deleted from CPT
	ACCP, ACR, ATS, SIR, SCCM, STS		Deleted from CPT
	ACCP, ACR, ATS, SIR, SCCM, STS		Deleted from CPT
	ACCP, ACR, ATS, SIR,	AAP, ACS	Deleted from CPT
	ACCP, ATS, ACR, ACS, SIR, SCCM, STS		No reliable way to determine in
	ACCP, ATS, ACR, ACS, SIR, SCCM, STS		No reliable way to determine in

	ACCP, ATS, ACR, ACS, SIR, SCCM, STS		No reliable way to determine in
	ACCP, ATS, ACR, ACS, SIR, SCCM, STS		Request further information fro
	ACCP, ATS, ACR, ACS, AAP		3.50
	ACCP, ACR, ATS, SIR		1.82
	ACCP, ACR, ATS, SIR		2.27
	ACCP, ACR, ATS, SIR		2.50
	ACCP, ACR, ATS, SIR		3.62
	STS		No reliable way to determine in
	ACC		8.05
	ACC		8.77
	ACC		5.26
	ACC		5.53
	ACC		5.80
	ACC		5.50
	ACC		5.77
	ACC		6.04
	ACC		6.32
	ACC		6.59
	ACC		3.39
	ACC		6.06
	ACC		3.29
	ACC		15.17
	ACC		6.06
	ACC		6.33
	ACC		6.60
			3.50
			3.00
	STS		41.32
	STS		50.93
	STS		34.98
RAW	STS		CPT Article published July 2016
RAW	STS		CPT Assistant published July 201
RAW	STS		CPT Assistant published July 201
	STS, AATS		Remove from screen
	STS, AAP, ACC, SCAI		16.00
	STS, AAP, ACC, SCAI, ACCP		6.00
	STS, AAP, ACC, SCAI, ACCP		6.63
	STS, AAP, ACC, SCAI, ACCP		4.73
	STS, AAP, ACC, SCAI, ACCP		4.60
	STS, AAP, ACC, SCAI		8.15
	STS, AAP, ACC, SCAI		8.43
	STS, AAP, ACC, SCAI		9.83
	STS, AAP, ACC, SCAI		9.43
	STS, AAP, ACC, SCAI		16.00

	STS, AAP, ACC, SCAI		4.00
	STS, AAP, ACC, SCAI		4.05
	STS, AAP, ACC, SCAI		4.69
	STS, AAP, ACC, SCAI, ACCP		Deleted from CPT
	STS, AAP, ACC, SCAI, ACCP		Deleted from CPT
	STS, AAP, ACC, SCAI		4.73
	STS, AAP, ACC, SCAI		9.00
	STS, AAP, ACC, SCAI		9.50
	STS, AAP, ACC, SCAI		3.51
	STS, AAP, ACC, SCAI		4.50
	STS, AAP, ACC, SCAI		6.00
	STS, AAP, ACC, SCAI		6.38
	STS, AAP, ACC, SCAI		9.89
	STS, AAP, ACC, SCAI		10.00
	STS, AAP, ACC, SCAI		4.08
	STS, AAP, ACC, SCAI		15.00
	STS, AAP, ACC, SCAI		9.50
RUC	AAOHNS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Refer to CPT
RUC	SVS, SIR, STS, AATS		
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		
RUC	SVS, SIR, STS, AATS		
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		

RUC	SVS, SIR, STS, AATS, ACS		
RUC	SVS, SIR, STS, AATS, ACS		
	SVS		21.16
RUC	ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	ACC, AUR, AAP, AAFP, ACRh		CMS consider a bundled status
	ACR, SIR, SVS	ACS	Remove from re-review.
	SVS, SIR, ACR, ACRO	ACC, ACS, SCCM	Remove from re-review
			Deleted from CPT
	ACR, RPA, SIR, SVS	ACS	Deleted from CPT
	ACR, RPA, SIR, SVS	ACS	Deleted from CPT
	ACR, RPA, SIR, SVS		4.17
	ACR, SIR, SVS		5.27
	ACR, SIR, SVS		6.29
	ACR, SIR, SVS		1.01
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		4.51
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		6.00
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		6.50
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		7.55
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		6.50
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		7.55
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		2.32
	AAN, AANS, ACC, ACR, ASN, CNS, SIR,		4.25
	ACC, ACR, SIR, SCAI, SVS		4.90
	SVS, SIR, ACR, ACC	SCCM, ASNR	5.27
	SVS, SIR, ACR, ACC	SCCM, ASNR	7.00

	ACR, SIR		Remove from screen
	ACR, SIR		5.45
	ACR, SIR		7.38
	ACR, SIR		7.55
	ACR, SIR		8.15
	ACP	ACC, AAP, ANA,	0.18
	ACC, ACR, ACS, SCAI, SIR, SVS		5.30
	ACC, ACR, ACS, SCAI, SIR, SVS		2.65
	ACC, ACR, ACS, SCAI, SIR, SVS		5.30
	ACC, ACR, ACS, SCAI, SIR, SVS		2.65
	ACR, SIR	ACC, AUA	New PE Inputs
RUC	CAP, RPA		
RUC	CAP, RPA		
RUC	CAP, RPA		
RUC	CAP, RPA		
RUC	CAP, RPA		Deleted from CPT
RUC	CAP, RPA		Refer to CPT
RUC	CAP, RPA		
RUC	ACR, ASA		1.93
RUC	ACR, ASA		1.75
	ACR, SIR		Refer to CPT
RUC	ACR, SIR		1.70, Refer to CPT and Review a
	ACR, SIR		Refer to CPT
RUC	ACR, ASA		1.00
	ACS, SVS		13.00
	ACS, SVS		15.00
	ACS, SVS		13.99
	ACS, SVS		11.90
	STS, AAP, ACC, SCAI		Deleted from CPT
	ACS, SVS		15.93
	ACS, SVS		11.90
	AVA, ACS		Deleted from CPT
RUC	ACR, SIR, SVS		Deleted from CPT
RUC	ACR, RPA, SIR, SVS		3.36
RUC	ACR, RPA, SIR, SVS		4.83
RUC	ACR, RPA, SIR, SVS		6.39
RUC	ACR, RPA, SIR, SVS		7.50
RUC	ACR, RPA, SIR, SVS		9.00
RUC	ACR, RPA, SIR, SVS		10.42
RUC	ACR, RPA, SIR, SVS		3.00
RUC	ACR, RPA, SIR, SVS		4.25
RUC	ACR, RPA, SIR, SVS		4.12
	ACR, SIR	ACC, AUA	New PE inputs
	ACR, SIR, SVS		4.71

	ACR, SIR, SVS		8.00
	ACR, SIR, SVS		8.00
	ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
	SVS, ACS, SIR, ACR, A	AUR	Deleted from CPT
	SVS, ACS, SIR, ACR, A	AUR	Deleted from CPT
	SVS, ACS, SIR, ACR, A	AUR	Deleted from CPT
	SVS, ACS, SIR, ACR, A	AUR	Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		8.00
	ACR, SIR, SVS		7.06
	ACR, SIR, SVS		5.00
	ACR, SIR, SVS		3.04
	SVS, ACS, SIR, ACR, A	AUR	8.15
	SVS, ACS, SIR, ACR, A	AUR	10.00
	SVS, ACS, SIR, ACR, A	AUR	3.73
	SVS, ACS, SIR, ACR, A	AUR	4.25
	SVS, ACS, SIR, ACR, A	AUR	9.00
	SVS, ACS, SIR, ACR, A	AUR	12.00
	SVS, ACS, SIR, ACR, A	AUR	10.49
	SVS, ACS, SIR, ACR, A	AUR	14.50
	SVS, ACS, SIR, ACR, A	AUR	11.00
	SVS, ACS, SIR, ACR, A	AUR	14.05
	SVS, ACS, SIR, ACR, A	AUR	13.80
	SVS, ACS, SIR, ACR, A	AUR	15.00
	SVS, ACS, SIR, ACR, A	AUR	4.00
	SVS, ACS, SIR, ACR, A	AUR	6.50
	SVS, ACS, SIR, ACR, A	AUR	5.50
	SVS, ACS, SIR, ACR, A	AUR	7.80
	SVS, ACS, SIR, ACR, ACC		9.00
	SVS, ACS, SIR, ACR, ACC		4.25
	SVS, ACS, SIR, ACR, ACC		6.29
	SVS, ACS, SIR, ACR, ACC		3.34
	SVS, ACS, SIR, ACR, ACC		9.00
	SVS, ACS, SIR, ACR, ACC		11.98
	SVS, ACS, SIR, ACR, ACC		14.00
	SVS, ACS, SIR, ACR, ACC		14.00
RUC	ACR, SIR, SVS		7.00
RUC	ACR, SIR, SVS		3.50
RUC	ACR, SIR, SVS		6.00
RUC	ACR, SIR, SVS		2.97
	ACC, SCAI, SIR, SVS		Deleted from CPT

	ACC,SCAI, SIR, SVS		Deleted from CPT
	ACC,SCAI, SIR, SVS		1.80
	ACC,SCAI, SIR, SVS		1.44
	SVS, ACS		Reduce 99238 to 0.5
	ACS, SVS		37.60
	ACR, SIR, SVS		Deleted from CPT
	SVS, ACS		10.69
	SVS, ACS		9.00
RAW	ACS		Review October 2017. Non-Faci
RAW	ACS		Review October 2017. Non-Faci
	APMA, SVS, ACS		Reduce 99238 to 0.5
	ASCO, ASH, CAP, ASBMT		1.20
	ASCO, ASH, CAP, ASBMT		1.28
	ASCO, ASH, CAP, ASBMT		1.44
	ACS, AAO-HNS		7.85
	AUA		9.34
	AUA		12.00
	ACOG		15.60
	STS		Deleted from CPT
	STS		5.44
	STS		7.50
	AAO-HNS, AAD	AAOMS	1.22
	AAOS, ACEP, and orthopaedic subspe		PE Clinical staff pre-time revised
			Maintain
			Maintain
			Maintain
RUC	AAO-HNS		3.50
	AAO-HNS		9.63
	ACS, AAO-HNS		18.12
	ACS, AAO-HNS		21.00
	AAO-HNS, ACS		7.13
	AAO-HNS, ASGE, SAGES		2.78
	AAO-HNS, ASGE, SAGES		3.21
	AAO-HNS, ASGE, SAGES		3.36
	AAO-HNS, ASGE, SAGES		3.99
	AAO-HNS, ASGE, SAGES		3.21
	AAO-HNS, ASGE, SAGES		3.36
	AAO-HNS, ASGE, SAGES, AGA		1.59
	AAO-HNS, ASGE, SAGES, AGA		1.89
	AAO-HNS, AGA, ASGE, SAGES		1.59
	AGA, ASGE, SAGES		1.90
	AAO-HNS, AGA, ASGE, SAGES		1.89
	AGA, ASGE, SAGES		2.89
	AGA, ASGE, SAGES		3.00

	AGA, ASGE, SAGES		2.39
	AGA, ASGE, SAGES		4.58
	AGA, ASGE, SAGES		3.73
	AGA, ASGE, SAGES		5.00
	AGA, ASGE, SAGES		3.78
	AAO-HNS, AGA, ASGE, SAGES		2.60
	AGA, ASGE, SAGES		2.40
	AGA, ASGE, SAGES		2.90
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		2.10
	AAO-HNS, AGA, ASGE, SAGES		2.34
	AGA, ASGE, SAGES		3.26
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		3.72
	AGA, ASGE, SAGES		3.19
	AGA, ASGE, SAGES		3.83
	AGA, ASGE, SAGES		4.45
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		2.26
	AGA, ASGE, SAGES		2.57
	AGA, ASGE, SAGES		3.85
	AGA, ASGE, SAGES		4.50
	AGA, ASGE, SAGES	ACS	2.56
	AGA, ASGE, SAGES		7.25
	AGA, ASGE, SAGES		2.59
	AGA, ASGE, ACG		5.39
	AGA, ASGE, SAGES		4.37
	AGA, ASGE, SAGES		4.50
	AGA, ASGE, SAGES		3.18
	AGA, ASGE, SAGES		4.32
	AGA, ASGE, SAGES		3.27
	AGA, ASGE, SAGES		3.01
	AGA, ASGE, SAGES		2.77
	AGA, ASGE, SAGES		3.07
	AGA, ASGE, SAGES		3.57
	AGA, ASGE, SAGES		5.39
	AGA, ASGE, SAGES		5.25
	AGA, ASGE, SAGES		4.20
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		4.25
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, ACG		4.74
	AGA, ASGE, SAGES		5.95
	AGA, ASGE, SAGES		6.25

	AGA, ASGE, SAGES		6.60
	AGA, ASGE, SAGES		7.28
	AGA, ASGE, SAGES		6.73
	AGA, ASGE, SAGES		8.03
	AGA, ASGE, SAGES		4.40
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		4.39
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		Deleted from CPT
	AGA, ASGE, SAGES		2.24
	AGA, ASGE, SAGES		8.74
	AGA, ASGE, SAGES		6.96
	AGA, ASGE, SAGES		9.10
	AGA, ASGE, SAGES		7.11
	AGA, ASGE, SAGES		8.08
	AGA, ASGE, SAGES, AAO-HNS		1.30
	AGA, ASGE, SAGES, AAO-HNS		1.51
	AGA, ASGE, SAGES, AAO-HNS		Deleted from CPT
	AGA, ASGE, SAGES, AAO-HNS		Deleted from CPT
			99214 visit appropriate. Remov
	ACS, ASCRS		Remove from screen
	ACS, ASCRS		Remove from screen
	AGA, ASGE, ACG	SAGES, ACS	0.97
	AGA, ASGE, ACG	SAGES, ACS	1.48
	AGA, ASGE, ACG	SAGES, ACS	1.27
	AGA, ASGE, ACG	SAGES, ACS	Deleted from CPT
	AGA, ASGE, ACG	SAGES, ACS	3.11
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.30
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.60
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		2.82
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		3.12
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		3.82
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		4.22
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		3.63
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		Deleted from CPT
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		4.13
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		Deleted from CPT
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		4.44
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		4.96
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		5.81
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		3.13
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		3.33

	ASCRS, ACS, SAGES, AGA, ASGE, ACG		4.41
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		5.06
	ASCRS, ACS, SAGES, AGA, ASGE, ACG		4.24
			Deleted from CPT
	ACS		Remove from screen
	ACS, ASCRS, ASGS		Deleted from CPT
	ACS, ASCRS, ASGS		8.00
	ACS, ASCRS, ASGS		12.00
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		0.84
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.14
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.85
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.65
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		2.10
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.15
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		2.20
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		2.15
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		Deleted from CPT
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		1.35
	AGA, ASGE, ACG, ASCRS, SAGES, ACS		2.43
	AGA, ASGE, ACG, ASCRS, SAGES, ACS		3.08
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		Deleted from CPT
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		2.97
	ACG, ACS, AGA, ASGE, ASCRS, SAGES		2.98
	AGA, ASGE, ACG, ASCRS, SAGES, ACS		3.83
	AGA, ASGE, ACG, ASCRS, SAGES, ACS		1.78
	AGA, ASGE, ACG, ASCRS, SAGES, ACS		Deleted from CPT
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		3.36
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.37
	AGA, ASGE, ACG, ASC	ACS, ASCRS	3.66
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		3.67
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.76
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		Deleted from CPT
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.17
	AGA, ASGE, ACG, ASC	ACS, ASCRS	4.67
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		3.87
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		Deleted from CPT
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.98
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		5.50
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		6.35
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.95
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		5.60
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.78
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		4.30
	ACS		Reduce 99238 to 0.5

	ACS, ASCRS (colon)		1.69
			Deleted from CPT
	ACS, ASTS		91.78
	ACS, ASTS		Deleted from CPT
	ACR, SIR	ACC, AUA	New PE Inputs
	ACR		4.76
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		1.30
RUC	ACR, SIR		4.50
RUC	ACR, SIR		5.63
RUC	ACR, SIR		7.85
RUC	ACR, SIR		4.20
RUC	ACR, SIR		2.86
RUC	ACR, SIR		1.85
RUC	ACR, SIR		5.00
RUC	ACR, SIR		9.00
RUC	ACR, SIR		9.28
RUC	ACR, SIR		7.00
RUC	ACR, SIR		2.85
RUC	ACR, SIR		3.00
RUC	ACR, SIR		3.28
			Deleted from CPT
	ACS		Maintain work RVU and adjust t
			No further action. 12.11
	ACS, SAGES		20.00
	ACS, SAGES		21.00
	SIR		Reduce 99238 to 0.5
			Deleted from CPT
	ACR, SIR		Deleted from CPT
	ACR, SIR		Deleted from CPT
	ACR, SIR		Deleted from CPT
	ACR, AGA, ASGE, AUR, SIR		Deleted from CPT
	ACR, AGA, ASGE, AUR, SIR		Deleted from CPT
	ACR, ACS, AGA, ASGE, SIR		1.35
	ACR, ACS, AGA, ASGE, SIR		2.00
	ACR, ACS, AGA, ASGE, SIR		2.50
	ACR, SIR		4.25
	ACR, SIR		4.25
	ACR, SIR		4.50

	ACS, ACR, SIR	AUR, RPA	4.21
	ACS	SIR, AGA, ACR	Deleted from CPT
	ACS, ACR, SIR	AUR, RPA	4.21
RUC			Survey
	ACS		Reaffirmed
	ACS		10.05
	ACS		12.44
	ACS		8.04
	ACS		12.88
	ACS		16.21
	ACS		15.03
	ACS		18.11
			Deleted from CPT
	ACR, SIR	ACC, AUA	New PE Inputs
	ACR, SIR		40.90
	ACR, SIR		2.00
	ACR, SIR		Deleted from CPT
	ACR, SIR		Deleted from CPT
	ACR, SIR		Deleted from CPT
	ACR, SIR		Refer to CPT
	ACR, SIR		Deleted from CPT
	ACR, SIR		3.15
	ACR, SIR		1.42
	ACR, SIR		5.75
	ACR, SIR		4.20
	ACR, SIR		2.00
	AUA		Remove from screen
	AUA		Remove from screen
	AUA		9.77
RAW	AUA, SIR		Review action plan at the RAW
	ACR, SIR		3.16
	ACR, SIR		4.60
	ACR, SIR		6.00
	ACR, SIR		7.55
	ACR, SIR		4.03
	ACR, SIR		3.80
	AUA		Reduce 99238 to 0.5
	AUA		2.70
	AUA		0.60
	AUA		0.50
	AUA		0.50
	AUA		1.47
	AUA		0.87
	AUA, ACOG		1.71

	AUA, ACOG		2.11
	AUA, ACOG		2.11
	AUA, ACOG		2.51
	AUA		0.17
	AUA		0.17
	AUA		Deleted from CPT
	AUA		0.75
	AUA		CPT edits and CPT Assistant arti
			Deleted from CPT
			0.80
	AUA		PE Only
	AUA, ACOG		1.75
RAW	AUA		Refer to CPT Assistant. 3.50.
RAW	AUA		Refer to CPT Assistant. 4.05.
RAW	AUA		Refer to CPT Assistant. 4.62
RAW	AUA		Refer to CPT Assistant. 5.44
RAW	AUA		Refer to CPT Assistant. 8.75
	AUA		2.80
	AUA		2.82
	AUA		5.35
	AUA		5.85
	AUA		6.55
	AUA		7.05
	AUA		7.55
	AUA		8.58
	AUA		5.75
	AUA		6.75
	AUA		7.50
	AUA		8.58
	AUA		10.00
	AUA		8.00
	AUA		8.69
	AUA		8.14
	AUA		13.16
	AUA		4.79
	AUA		Remove from screen
	AUA		13.00
	AUA		10.08
	AUA		14.39
	AUA		15.18
	AUA		Reduce 99238 to 0.5
	AUA		8.46
	AUA	ACR	2.50
			Maintain

	AUA		21.36
	AUA		24.16
	AUA		29.07
RUC	AUA		26.80
	AUA		13.45
	ACOG		Reduce 99238 to 0.5
	ACOG		7.35
RAW	ACOG, ASTRO	ACR	Review action plan (CPT 2011 U
RAW	ACOG, ASTRO	ACR	Review action plan (CPT 2011 U
RUC	ACOG	AUA	Refer to CPT
RUC	ACOG	AUA	Refer to CPT
RUC	ACOG	AUA	Refer to CPT
RUC	ACOG	AUA	Refer to CPT
	AUA		10.97
	ACOG, AUA		12.00
	ACOG		3.07
	ACOG		4.37
	ACOG		5.54
	ACOG		6.15
	ACOG		7.00
	ACOG		4.17
	ACOG		4.62
	AUA, ACOG		Reduce 99238 to 0.5
	ACOG		Reduce 99238 to 0.5
			Deleted from CPT
	ACOG, AAFP		32.69
	ACOG, AAFP		14.37
	ACOG, AAFP		18.54
	ACOG, AAFP		1.71
	ACOG, AAFP		1.61
	ACOG, AAFP		6.31
	ACOG, AAFP		11.16
	ACOG, AAFP	AAFP	2.47
	ACOG, AAFP		36.17
	ACOG, AAFP		16.13
	ACOG, AAFP		22.00
	ACOG, AAFP		34.40
	ACOG, AAFP		16.09
	ACOG, AAFP		20.26
	ACOG, AAFP		36.69
	ACOG, AAFP		16.66
	ACOG, AAFP		22.53
	ACS, AAO-HNS		12.29
	ACS, AAO-HNS		14.67

			No reliable way to determine ar
			No reliable way to determine ar
			No reliable way to determine ar
			Editorial change
	NASS, AANS/CNS		3.75
	NASS, AANS/CNS, AAO-HNS		3.18
	NASS, AANS/CNS		3.75
	AANS		Deleted from CPT
	NASS, AAO-HNS, AANS		Deleted from CPT
			15.50
			3.48
			19.75
			4.81
			2.25
	AANS/CNS		6.44
	AAPM, AANS/CNS, ASA, NASS		6.54
	ASA		Remove 99238
	ACR, ASNR	ASA, AAPMR, NA	1.54
	ASA		Reduce 99238 to 0.5
	ASA, AAPM, AAMPR, AUR, NASS, ACR		3.00, CPT Assistant article publis
	ACR, ASNR	ASA, AAPMR, NA	2.29
	ACR, ASNR	ASA, AAPMR, NA	2.29
	ACR, ASNR	ASA, AAPMR, NA	2.25
	ACR, ASNR	ASA, AAPMR, NA	2.35
RUC	AAPM, AAPMR, ASA, ISIS, NASS, ASNR		Deleted from CPT
RUC	AAPM, AAPMR, ASA, ISIS, NASS, ASNR		Deleted from CPT
RUC	AAPM, AAPMR, ASA, ISIS, NASS, ASNR		Deleted from CPT
RUC	AAPM, AAPMR, ASA, ISIS, NASS, ASNR		Deleted from CPT
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.80
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.95
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.55
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.80
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.89
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		2.20
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.78
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		1.90
	AAPM, AANS/CNS, ASA, ISIS, NASS		6.05
	AAPM, AANS/CNS, ASA, ISIS, NASS		4.35
	AAPMR, ASA, NASS, A	AAOS	4.33
	AAPM, AANS/CNS, ASA, ISIS, NASS		5.65
	AAPM, AANS/CNS, ASA, ISIS, NASS		6.10
	AAPMR, ASA, NASS, A	AAOS	4.65
	ASA, AAPM, NASS, AAMP&R, AANS/C		0.48
	ASA, AAPM, NASS, AAMP&R, AANS/C		0.67

	ASA, AAPM, NASS, AAMP&R, AANS/C		0.67
	ASA, AAPM, NASS, AAMP&R, AANS/C		1.10
	AANS, AAOS, NASS		Maintain work RVU and adjust t
	AANS, AAOS, NASS		Maintain work RVU and adjust t
RUC Review work and direct PE		AANS, CNS, AAC	17.95
RUC Review work and direct PE		AANS, CNS, AAC	17.25
	NASS, AANS		15.37
	NASS, AANS		3.47
RAW	NASS, AANS		Review action plan at RAW Oct
	NASS, AANS/CNS		19.60
	NASS, AANS/CNS		4.04
RAW	AAOS, AANS		Review action plan. Refer to CP
			15.50
			4.00
	AAPM, AANS/CNS, ASA, ISIS, NASS		7.20. New PE Inputs
	NASS, AANS	AAOS, AAPM, IS	11.43
	AAPM, AANS/CNS, ASA, ISIS, NASS		Deleted from CPT
	ISIS, NASS, AANS/CN	ACR	5.03
	ISIS, NASS, AANS/CN	ACR	10.87
	ISIS, NASS, AANS/CN	ACR	70
	ISIS, NASS, AANS/CN	ACR	11.39
	AAPM, AANS/CNS, ASA, ISIS, NASS		6.05
	AAPM, AANS/CNS, ASA, ISIS, NASS		5.25
	AAN, ASA, AAPMR, ISIS		Deleted from CPT
RAW to Re	AAPM, ASA	ISIS	1.48, Review in October 2017
	ASA		Remove from screen. 1.81
	AAPM, AAPMR, ASA	SIS	1.10
RAW	AAPM, ASA	ISIS	1.48, Review in October 2017
	ASA		1.81
RAW	AAPM, ASA	ISIS	1.50, Review in October 2017
	ASA		Remove from screen. 1.63
	ASA		1.81
RAW	ASA, AAPM, APMA, A	AAP, AAPMR, IS	0.75 and review action plan
RAW			Review action plan
	ASA, NASS, AAPM	AAPMR, SIR, AA	Deleted from CPT
	ASA, NASS, AAPM	AAPMR, SIR, AA	Deleted from CPT
	ASA, NASS, AAPM	AAPMR, SIR, AA	Deleted from CPT
	ASA, NASS, AAPM	AAPMR, SIR, AA	Deleted from CPT
	AAPM, ISIS, ASA, NASS, AAPMR		2.29
	AAPM, ISIS, ASA, NASS, AAPMR		1.20
	AAPM, ISIS, ASA, NASS, AAPMR		1.90
	AAPM, ISIS, ASA, NASS, AAPMR		1.00
	ASA, NASS, ASNR, AA	SIR, ACR, AAOS	1.82
	ASA, NASS, ASNR, AA	SIR, ACR, AAOS	1.16

	ASA, NASS, ASNR, AA	SIR, ACR, AAOS	1.16
	ASA, NASS, ASNR, AA	SIR, ACR, AAOS	1.52
	ASA, NASS, ASNR, AA	SIR, ACR, AAOS	1.00
	ASA, NASS, ASNR, AA	SIR, ACR, AAOS	1.00
	ASA, ISIS, AAPM, APN	AAOS	New PE inputs
	ASA, ISIS, AAPM, APN	AAOS	PE Review - no change
RUC	AANS, CNS, AOTA		
RUC	AANS, CNS, ASA		Refer to CPT
RUC	AANS, CNS, ASA		Refer to CPT. Develop CPT Assis
RUC	AANS, CNS	AAPMR, AAPM	5.44. 99214 visit appropriate. R
RUC	AANS, CNS		Deleted from CPT
	ACOG, AUA		0.60
	AANS/CNS	ACS	11.19
	AANS/CNS		Deleted from CPT
	AUA		12.20. 99214 visit appropriate.
			Remove from screen
	ASA, ISIS, AAPM, APN	AAOS	PE Review - no change
	ASA, NASS, AAPM	AAPMR, SIR, AA	Deleted from CPT
	ASA, ISIS, AAPM, APN	AAOS	PE Review - no change
	ASA, NASS, AAPM	AAPMR, SIR, AA	Deleted from CPT
RAW	ASA, AAPM, AAPMR, ISIS, NASS		RAW review additional data
RAW	ASA, AAPM, AAPMR, ISIS, NASS		RAW review additional data
RAW	ASA, AAPM, AAPMR, ISIS, NASS		RAW review additional data
RAW	ASA, AAPM, AAPMR, ISIS, NASS		RAW review additional data
	ASAM AAPM, APMA,	AAPMR	1.23. Remove 99238.
	AOFAS, ASSH, AAOS, ASPS		6.36
	AOFAS, ASSH, AAOS, ASPS		Remove from screen
	AAOS, ASPS, ASSH		9.16
	AAO		Reduce 99238 to 0.5
	AAO, AOA (optometr	AAP	0.93
	AAO		16.00
	AAO		8.80
	AAO		1.53
	AAO		Deleted from CPT
RUC	AAO		3.00
RUC	AAO		13.94
RUC	AAO		14.81
	AAO		14.00
	AAO		15.00
	AAO		13.20
	AAO		9.58
	AAO		10.58
	AAO		3.00
	AAO		Maintain

	AAO		11.08. CPT Assistant article pub
	AAO		8.52
RAW	AAO	ASCRS (cataract	Review utilization at RAW Oct 2
	AAO		12.13
	AAO		Deleted from CPT
	AAO		13.20
	AAO		14.50
	AAO		16.33
	AAO		16.33
	AAO		17.40
RUC	AAO, ASRS		3.50
RUC	AAO, ASRS		3.84
	AAO		16.00. Reduce 99238 to 0.5
RUC	AAO		17.13
	AAO		10.25. Remove 99238
	AAO		Deleted from CPT
RUC	AAO		19.00
	AAO		6.36
	AAO		6.36
	AAO		0.47
	AAO		Remove from screen
	AAO		10.17
	AOA, AOA (optometry)		0.32
	AAO		3.75
	AAO		2.03
	AAO		5.48
	AAO		5.93
	AAO		3.47
	AAO		2.03
	AAO		5.48
	AAO		5.93
	AAO		Revised parenthetical
	AAO		0.49
	AAO, AOA (optometry)		1.00
	AAO, AOA (optometry)		1.54
	AAO, AOA (optometry)		2.03
	AAO, AOA (optometry)		3.00
	AAO, AOA (optometry)		2.35
	AAD		0.81
	AAO-HNS	AAP, AAFP	0.77
	AAFP, AAO-HNS		0.58.
	AAO-HNS		Deleted from CPT
	AAO-HNS		Deleted from CPT
	AAO-HNS		Deleted from CPT

	AAO-HNS		1.57
	AAO-HNS		Review action plan at RAW Oct
	AAO-HNS		Deleted from CPT
	AAO-HNS		17.60
			RUC to submit letter to CMS spe
			RUC to submit letter to CMS spe
	ACR, AAFP		CPT Assistant article published.
	ACR, AAFP		CPT Assistant article published.
	ACR, ASNR		0.85
	ACR, ASNR		1.13
	ACR, ASNR		1.27. Survey for work and PE fo
	ACR, ASNR		0.85
	ACR, ASNR		1.17
	ACR, ASNR		1.30
RUC	ACR, ASNR		
RUC	ACR, ASNR		
RUC	ACR, ASNR		
	ACR, ASNR	AAOMS, SCAI	1.75
	ACR, ASNR		1.75
	ACR, ASNR		1.35
	ACR, ASNR		1.62
	ACR, ASNR		2.15
RUC	ACR, ASNR		1.20
RUC	ACR, ASNR		1.20
RUC	ACR, ASNR		1.48
RUC	ACR, ASNR		1.20
RUC	ACR, ASNR		1.50
RUC	ACR, ASNR		1.80
	ACR, ASNR		1.48
	ACR, ASNR		1.78
	ACR, ASNR		2.36
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACC		Deleted from CPT
	ACR		0.18
	ACR		0.22
	ACR		0.27

	ACR		0.31
	ACR		0.22
	ACR		0.27
	ACR		0.29
	ACR		0.32
	ACR		1.16
	ACR		1.38
	ACR		1.24
	ACR, SIR	SCAI	1.82
RUC			Survey April 2017 (may crosswa
RUC	ACR, ASNR	AAFP	0.22
RUC	ACR, ASNR		0.31
	ACR, ASNR		0.36
RUC	AAOS, ACR, ASNR		0.22
RUC			Survey April 2017 (may crosswa
RUC			
RUC			
RUC	ACR, ASNR, AUR, NASS, AAFP, AAMP&		0.22
RUC	ACR, ASNR, AUR, NASS, AAFP, AAMP&		0.31
RUC	ACR, ASNR, AUR, NASS, AAFP, AAMP&		0.32
RUC	ACR, ASNR, AUR, NASS, AAFP, AAMP&		0.22
	ACR, ASNR	AAOS, ISIS	1.16
	ACR	AAOS, ISIS	Remove from screen
	ACR	AAOS, ISIS	Remove from screen
	ACR, ASNR	AAOS, ISIS	1.16
	ACR	AAOS, ISIS	Remove from screen
	ACR	AAOS, ISIS	Remove from screen
	ACR, ASNR	AAOS, ISIS	1.16
	ACR	AAOS, ISIS	Remove from screen
	ACR	AAOS, ISIS	Remove from screen
	ACR		1.48
	ACR		1.78
	ACR		1.48
	ACR		1.78
	AAOS, AUR, ACR, NASS, ASNR		1.48
			1.78
			2.29
			2.29
			2.29
	AAOS, ACR		0.17
	ACR, SIR		1.81
	ACR		1.09
	ACR		1.16
	ACR		1.22

RUC	ACR		1.46
RUC	ACR		1.73
RUC	ACR		2.20
RUC			
RUC			
RUC			Survey April 2017 (may crosswa
	ACR, ASNR	ASA, AAPMR, NA	0.91
	ACR, ASNR	ASA, AAPMR, NA	0.91
	ACR, ASNR	ASA, AAPMR, NA	0.83
	ACR, ASNR	ASA, AAPMR, NA	1.33
	ASA, AAPM, AAMPR,	ACR, ANA (nurse	0.76, CPT Assistant article publis
			Deleted from CPT
			Deleted from CPT
	ACR, AAOS	AAFP	0.18
	AAOS, ACR		0.16
RUC			Survey April 2017 (may crosswa
RUC	AAOS, ACR	ASSH, AAFP, ACI	0.17
RUC			Survey April 2017 (may crosswa
	ACR		0.16
	ACR		0.17
	ACR		0.16
	ACR		0.17
	ACR		0.13
	ACR	AAOS, ASSH	1.09
	ACR	AAOS, ASSH	Remove from screen
	ACR	AAOS, ASSH	Remove from screen
	ACR, SIR		Survey with all CTA codes for Oc
	ACR		CPT Assistant published.
	ACR		1.35
	AAOS, ACR		Deleted from CPT
	AAOS, ACR		0.17
	AAOS, ACR		0.22
	AAOS, ACR		0.27
	AAOS, ACR	ACRh	Deleted from CPT
	AAOS, ACR		Deleted from CPT
	AAOS, ACR		0.22
	AAOS, ACR		0.29
	AAOS, ACR		0.31
	AAOS, ACR		Deleted from CPT
	ASA, AAPM, AAMPR, NASS, ACR, AUR		Deleted from CPT
	AAOS, ACR		Deleted from CPT
	AAOS, ACR		0.16
	AAOS, ACR		0.18
	AAOS, ACR		0.16

	AAOS, ACR		0.18
	AAOS, ACR		0.22
	AAOS, ACR		0.16
RAW	AAOS	ACR	Review action plan at RAW Oct
	AAOS, ACR		0.16
	AAOS, ACR, APMA		0.16
	ACR, AAOS, APMA, A	ACRh	0.17
	ACR, AAOS, APMA		0.16
	ACR, AAOS, APMA, A	ACRh	0.17
RUC			Survey April 2017 (may crosswa
RUC			Survey April 2017 (may crosswa
	ACR	AAOS	1.09
	ACR	AAOS	Remove from screen
	ACR	AAOS	Remove from screen
	ACR, SIR		Survey for October 2013. Remo
RUC	ACR		1.35
RUC	ACR		1.62
RUC	ACR		2.15
	ACR		1.35
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		0.32
	ACR		0.18
	ACR		0.23
	ACR		0.27
	ACR		Review PE. 0.35
	ACR		0.42
	ACR		1.40
	ACR, SIR		2.20
	ACR, SIR	SCAI	1.82
	ACR		1.74
	ACR		1.82
	ACR		2.01
RUC	ACR		1.46
RUC	ACR		1.73
RUC	ACR		2.20
RUC			Survey for April 2017
RUC			Survey for April 2017
RUC	ACR, ASNR	AAPMR	0.53. Survey for April 2017
	ACR		0.69
	ACR		0.99
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT

RUC	ACR, SIR		Deleted from CPT
	ACR		0.49
RUC			Survey for April 2017
RUC	ACR, SIR		Survey October 2018
	ACR, SIR		Deleted from CPT
	ACR, SIR		Deleted from CPT
	ACR, SIR, ACC		Survey with all CTA codes for Oc
	ACR	SIR	2.40
	ACC, ACR, ASNR, AUR, SIR, SVS		Deleted from CPT
	AANS/CNS, ACC, ACR, ASNR, AUR, SIR		Deleted from CPT
	AANS/CNS, ACC, ACR, ASNR, AUR, SIR		Deleted from CPT
RAW	ACR, ACC, RPA, SCAI, SIR, SVS		1.75 and review utilization in Oc
RUC	ACR, ACC, RPA, SCAI, SIR, SVS		1.97
	ACC, ACR, ASNR, AUR, SIR, SVS		Deleted from CPT
	ACC, ACR, ASNR, AUR, SIR, SVS		Deleted from CPT
	SVS, SIR, ACR	ACS	Deleted from CPT
	ACR, RPA, SIR, SVS	ACS	Deleted from CPT
	ACR, SIR		New PE inputs
	ACR, SIR		New PE inputs
RAW	ACC, ACR, SIR, SVS		Review utilization October 2018
	AANS/CNS, ACR, ASNR, SCAI, SIR		Code Deleted from CPT
RAW	AANS/CNS, ACR, ASNR, SCAI, SIR		Review utilization data Oct 2018
	ACR, SIR, SVS		Deleted from CPT
	ACC,SCAI, SIR, SVS		Deleted from CPT
	ACC,SCAI, SIR, SVS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
RUC	SVS, SIR, STS, AATS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
	ACC, ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
	ACR, SIR, SVS		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RUC	ACR, SIR		Deleted from CPT
RAW	ACR, SIR		Review utilization data October
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
	SIR, ACR, SVS		Deleted from CPT
RUC			Survey for April 2017

RUC			
	ACR, ISIS	AAOS	New PE inputs
	ACR, ISIS	AAOS	New PE inputs
	ACR, ISIS	AAOS	New PE inputs
RUC	AAO, ASRS, AOA (optometry)		0.70
RUC	AAO, ASRS, AOA (optometry)		0.64
RUC	AAO, ASRS, AOA (optometry)		0.56
	AAO, AOA (optometr	AOA (optometri	0.66 and CPT Assistant article pu
	AAO, AOA (optometry)		0.40
	AAO, AOA (optometry)		0.54
	ACR, ASNR, TES, AAC	ACP	0.56
	ACR	ASBS, ACS, AIUN	0.73
	ACR	ASBS, ACS, AIUN	0.68
	ACR	ASBS, ACS, AIUN	Deleted from CPT
	ACR	ACP, AIUM, ISIS	0.81
	ACR, ASBS	ACP, AIUM, ISIS	0.59
	ACR, SIR, SVS		0.55 and refer to CPT Assistant
	ACR	ACP, AIUM, ISIS	0.74
	ACR	ACP, AIUM, ISIS	0.58
			Remove from screen
	ACOG, ACR, AUA		0.69
	ACR	ACP, AIUM, ISIS	0.69
	ACR	ACP, AIUM, ISIS	0.50
RUC			Survey for April 2017
	ACOG, ACR, AUA		0.69
	APMA, ACR		Deleted from CPT
RUC	AAOS, ACR, ACRh, AP	ASSH, AUR, ACR	Review PE only for January 201
RUC	AAOS, ACR, ACRh, AP	ASSH, AUR, ACR	Review PE only for January 201
	ACC	AAO-HNS	0.67
	ACC	AAO-HNS	0.67
			Maintain
	ACS, ACR, SIR	AAO-HNS	2.00
RAW	AACE, AAOS, AAPMR	AAO-HNS, AANE	Review utilization at the RAW. C
	ACOG		0.85
			Deleted from CPT
	NO INTERESET	AAO-HNS	Maintain
	ACS, ACR, AACE		Remove from screen - RUC artic
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		0.38
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		0.54
RUC	AANS, AANEM, AAPM, AAPM&R, ACR		0.60
	ASTRO, ACRO		New PE inputs
RUC			Survey for April 2017
RAW	ASTRO, ACR		Refer to CPT. Maintain current v
			Deleted from CPT

			Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
	ACR		Deleted from CPT
RUC	ACR		Refer to CPT
RUC	ACR		Refer to CPT
	ACR		0.81
	ACR		1.00
	ACR		0.76
	ACR, AAFP, ACP	AUR, TES	Deleted from CPT
	AACE, ACNM, ACR, A	ACP	0.20
	AACE, ACNM, ACR, A	ACP	Deleted from CPT
	ACR, ACP	AAFP, AUR, TES	Deleted from CPT
	AACE, ACNM, ACR, A	ACP	0.30
	AACE, ACNM, ACR, A	ACP	0.17
	ASTRO		1.30
	ASTRO		2.00
	ASTRO		3.14
	ASTRO		0.70
	ASTRO		1.05
	ASTRO		1.56
	ASTRO		2.00
	ASTRO		4.29
	ASTRO		0.62
	ASTRO		New PE Inputs. 7.99. CPT Assista
	ASTRO		Deleted from CPT
			1.40
			2.90
	ASTRO		Deleted from CPT
	ASTRO		Deleted from CPT
			1.50
			1.83
			2.90
			Deleted from CPT
	ASTRO		Deleted from CPT
			Deleted from CPT
RUC	ASTRO		0.54
RUC	ASTRO		0.84
RUC	ASTRO		1.24
	ASTRO		New PE Inputs
			New PE Inputs
	ASTRO		New PE inputs

			New PE Inputs
	ACR, ASTRO, ACRO		New PE inputs
	ACRO, ASTRO	ACR	PE Only, revised introductory gu
	ACRO, ASTRO	ACR	PE Only, revised introductory gu
	ACRO, ASTRO	ACR	0.58
	ACRO, ASTRO	ACR	PE Only, revised introductory gu
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	PE Only, revised introductory gu
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	PE Only, revised introductory gu
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
	ACRO, ASTRO	ACR	Deleted from CPT
RUC	AAOS, ASPS, ASSH		Contractor Price
RUC	AAOS, ASPS, ASSH		Contractor Price
	ASTRO	ASCO	3.45. Remove from high E/M sc
RAW			Review action plan
	ASTRO	ACR, ACRO	2.03
RAW			Review action plan
			New PE Inputs
	ASTRO, ACRO		1.05
	ASTRO, ACRO		1.40
	ASTRO, ACRO		1.95
	ASTRO, ACRO		3.80
	ASTRO, ACRO		5.40
	ACR, ASTRO		Deleted from CPT
	ACR, ASTRO		Deleted from CPT
	ACR, ASTRO		8.78
	ASTRO		Deleted from CPT
	ASTRO		Deleted from CPT
	ASTRO		Deleted from CPT
	ASTRO	ASBS	Deleted from CPT
	ASTRO	ASBS	Deleted from CPT
	ASTRO	ASBS	Deleted from CPT
	ACR, ASTRO, SIR		0.00
	ACR, ACNM, SNM		Deleted from CPT
	ACR, ACNM, SNM		Deleted from CPT
	ACR, ACNM, SNM		Deleted from CPT

	ACR, ACNM, SNM		Deleted from CPT
	ACR, ACNM, SNM	AUR, ASNR	Deleted from CPT
	ACR, ACNM, SNM		Deleted from CPT
	ACR, ACNM, SNM		Deleted from CPT
	ACR, ACNM, SNM		0.19
	ACR, ACNM, SNM		0.37
	ACR, ACNM, SNM		0.50
RAW	ACR, ACNM, SNM		0.80. Refer to CPT Assistant and
RAW	ACR, ACNM, SNM		1.20. Refer to CPT Assistant and
RAW	ACR, ACNM, SNM		1.60. Refer to CPT Assistant and
	ACR, SNM	AUR	Deleted from CPT
	ACR, SNM, ACNM		0.74
	ACR, SNM, ACNM		0.90
	ACR, SNM, ACNM		0.99
	ACNM, ACR, SNMMI		0.62
	ACNM, ACR, SNMMI		0.83
	ACNM, ACR, SNMMI		0.86
	SNM, ACR, ASNC, ACC		1.40
	SNM, ACR, ASNC, ACC		1.75
	SNM, ACR, ASNC, ACC		1.00
	SNM, ACR, ASNC, ACC		1.34
	SNM, ACR, ASNC, ACC		Deleted from CPT
	SNM, ACR, ASNC, ACC		Deleted from CPT
	SNM, ACR, ASNC, ACC		Deleted from CPT
	SNM, ACR, ASNC, ACC		Deleted from CPT
	ACC, ACR, SNM, ACNM		0.98
	SNM, ACR, ASNC, ACC		Deleted from CPT
	SNM, ACR, ASNC, ACC		Deleted from CPT
RAW			Review action plan
	ACR, SNM		0.49
	SNM, ACR	AUR	0.74
	ACR, SNM		1.07
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	SNM, ACR	AUR	Deleted from CPT
	ACR, SNM		0.75
	ACR, SNM		0.85
RAW	ACR, ACNM, SNM		Refer to CPT Assistant.

	ACR, SNM		Reaffirmed RUC recommendati
	SNM, ACR	ACRO, AUR	Article published Feb 2012
RUC			Survey for April 2017
RUC			Survey for April 2017
	AUR, ASC, CAP		New PE Inputs. 0.56
	AUR, ASC, CAP		New PE Inputs. 0.56
	AUR, ASC, CAP		Deleted from CPT
RUC	ACR, CAP		New PE Inputs. 0.56
RUC	ACR, CAP		New PE Inputs. 0.56
RAW			Review utilization to confirm ap
RAW			Review utilization to confirm ap
			New PE Inputs
			New PE Inputs
			New PE Inputs
	CAP	ASC	New PE Inputs
	CAP	ASC	New PE Inputs
	CAP	ASC	0.74
	CAP	ASC	1.40
	CAP	ASC	1.70
	AAD, AGA, CAP, ASGI	AAD	0.08 and new PE inputs
	AAD, AGA, CAP, ASGI	AAD	0.13 and new PE inputs
	AAD, AGA, CAP, ASGE		0.22 and new PE inputs
	AAD, AGA, CAP, ASGI	AACE	0.75 and new PE inputs
	AAD, AGA, CAP, ASGI	AAD	1.59 and new PE inputs
	AAD, AGA, CAP, ASGI	ASC	2.80 and new PE inputs
	CAP	ASC	0.54
	CAP	ASC	0.24
	CAP	ASC	0.45
	CAP, AAD	ASC	Deleted from CPT
	CAP	ASC	0.53
	CAP, ASC		1.63
	CAP, ASC		1.83
	CAP, ASC		2.85
	CAP		0.67
	CAP	ASC, AAD	1.19
	CAP	ASC, AAD	0.59
	ASC, CAP		1.20
	ASC, CAP		0.73
	CAP		0.65
	CAP		0.70
	CAP		Deleted from CPT
	CAP		0.77
	CAP, ASC		0.74
	CAP, ASC		Deleted from CPT

	CAP		New PE Inputs
	CAP		Deleted from CPT
	CAP, ASC		0.70
	ASCP, CAP		2.80
	ASC, CAP		0.85
	ASC, CAP		0.95
	CAP, ASCP, ASC		0.88
	CAP		0.88
	CAP, ASCP, ASC		1.24
RUC Reviev	CAP, ASCP, ASC		0.86
RUC Reviev	CAP, ASCP, ASC		0.88
	CAP, ASCP, ASC		0.88
	CAP, ASCP, ASC		0.86
	CAP, ASCP, ASC		1.04
	CAP, ASCP, ASC		1.40
	AAP		New PE inputs
	AAP		New PE inputs
	AAP		New PE inputs
	AAP		New PE inputs
	AAP		New PE inputs
	AAP		New PE inputs
	APA, APA (HCPAC), NASW		0.33
	APA, APA (HCPAC), NASW		3.00
	APA, APA (HCPAC), NASW		3.25
			Deleted from CPT
			Deleted from CPT
			Deleted from CPT
			Deleted from CPT
			Deleted from CPT
	APA, APA (HCPAC), NASW		1.50
	APA, APA (HCPAC), NASW		1.50
	APA, APA (HCPAC), NASW		2.00
	APA, APA (HCPAC), NASW		1.90
	APA, APA (HCPAC), NASW		3.00
	APA, APA (HCPAC), NASW		2.50
	APA, APA (HCPAC), NASW		3.13
	APA, APA (HCPAC), NASW		1.50
			2.10
	APA, APA (HCPAC), NASW		2.40
	APA, APA (HCPAC), NASW		2.50
	APA, APA (HCPAC), NASW		0.59
			Deleted from CPT
	APA (HCPAC)		0.48
	APA	AACAP	2.50

	RPA		1.48
	RPA		2.11
	RPA		1.56
	RPA		2.52
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised phy
	RPA		RUC Recommended revised phy
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	RPA		RUC Recommended revised clin
	AGA, ASGE		New PE Inputs
	ACG, AGA, ASGE		2.49
	ACG, AGA, ASGE		1.00
	AGA, ACG, ASGE		New PE Inputs
	AGA, ACG, ASGE		New PE Inputs
	AAO, AOA (optometric)		0.30
	AAO, AOA (optometric)		0.40
	AAO, AOA (optometric)		0.50
	AAO, AOA (optometric)		0.61
	AAO, AOA (eye)	AACE, TES, AAFP	0.50
	AAO, AOA (eye)	AACE, TES, AAFP	0.50
	AAO, AOA	ASCRS (cataract	Deleted from CPT
	AAO		0.54
	AAO, AOA (optometry)		Deleted from CPT
RUC	AAO, ASRS		0.75
RUC	AAO, ASRS		0.80
RUC	AAO, ASRS		0.95
	AAO, ASRS, AOA (optometry)		0.40
RAW	AAO-HNS		Review utilization (September 2
RUC	AAO, ASRS, AOA (optometry)		Refer to CPT
	AAO, AOA	ASCRS (cararact	0.05 and new PE inputs
	AAO, AOA (optometric)		0.40
	AAO, AOA (optometric)		CPT Assistant article published
	AAO-HNS		0.18

	ASHA	AAN, AAO-HNS	Deleted from CPT.
	ASHA	AAN, AAO-HNS	1.30 work RVU and clinical staff
	ASHA	AAN, AAO-HNS	0.43 work RVU and clinical staff
	ASHA		1.75
	ASHA		1.50
	ASHA		3.36
	ASHA		1.75
RAW	ASHA, AAO-HNS		Review utilization
	AAA, AAN, AAO-HNS, ASHA		0.80
	AAA, AAN, AAO-HNS, ASHA		0.55
	AAN, ASHA, AAO-HNS, AAA		1.50
	AAN, ASHA, AAO-HNS, AAA		0.40
	AAN, ASHA, AAO-HNS, AAA		0.48
	AAA, AAN, AAO-HNS, ASHA		Deleted from CPT
	AAN, ASHA, AAO-HNS, AAA		0.27
	AAN, ASHA, AAO-HNS, AAA		0.25
			Editorial change only
			Editorial change only
			Editorial change only
	ASHA, AAO-HNS, AAA		0.35
	ASHA, AAO-HNS, AAN		0.60 work RVU and clinical staf
	ASHA		0.17
	ASHA, AAO-HNS, AAN		0.20 work RVU and clinical staf
	ASHA, AAO-HNS, AAN		0.29 work RVU and clinical staf
	ASHA, AAO-HNS, AAN		Deleted from CPT
	ASHA, AAO-HNS, AAA		0.55
	ASHA	AAP, AAFP, AAO	0.45
	ASHA		0.60
	ASHA		1.48 work RVU and clinical staff
	ASHA	AAN, AAO-HNS	1.75
	ASHA	AAN, AAO-HNS	1.40 work RVU and clinical staff
	ASHA	AAN, AAO-HNS	1.85 work RVU and clinical staff
	ASHA	AAN, AAO-HNS	0.70 work RVU and clinical staff
	ASHA	AAN, AAO-HNS	1.50 work RVU and clinical staff
RAW	ASHA, AAO-HNS		Review utilization
	ASHA		1.34 work RVU and clinical staff
	ASHA		0.65
	ASHA, AAO-HNS		1.50
	ASHA, AAO-HNS		0.35
	ASHA, AAO-HNS		1.15
RAW	ASHA, AAO-HNS		Develop CPT Assistant article. R
	ASHA, AAO-HNS		0.33
	ASHA, AAO-HNS		1.76
	ACC		9.00

	ACC		4.00
	ACC		11.00
	ACC		5.00
	ACC		10.49
	ACC		4.44
	ACC		12.32
	ACC		5.50
	ACC		10.49
	ACC		6.00
	ACC		12.32
	ACC		12.32
	ACC		6.00
	ACC	ACEP	2.25
RAW			Review utilization
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	AAFP, ACC, ACP		0.17
	AAFP, ACC, ACP		0.00
	AAFP, ACC, ACP		0.17
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		0.75. CPT Assistant published.
	ACC		0.45
	ACC	AAP	New PE inputs
	ACC		0.30
	ACC		New PE Inputs
	ACC	ACP	0.15
	ACC	ACP	0.00 (PE only)
	ACC, ACEP	ACP	0.15
	ACC	AAFP	0.52
	ACC	AAFP	N/A no physician work
	ACC	AAFP	N/A no physician work
	ACC	AAFP	0.52
	ACC	AAFP	0.52
	ACC	AAFP	Contractor Priced
	ACC	AAFP, ACP	Deleted from CPT
			Deleted from CPT
			Deleted from CPT
	ACC	AAFP, ACP	Deleted from CPT

			Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC	AAFP	0.52
	ACC	AAFP	New PE inputs
	ACC	AAFP	New PE inputs
	ACC	AAFP	0.52
	ACC, HRS		0.65 and Refer to CPT
	ACC, HRS		0.77 and Refer to CPT
	ACC, HRS		0.85 and Refer to CPT
	ACC, HRS		0.85 and Refer to CPT
	ACC, HRS		1.15 and Refer to CPT
	ACC, HRS		1.25 and Refer to CPT
	ACC, HRS		0.52 and Refer to CPT
	ACC, HRS		0.30 and Refer to CPT
	ACC, HRS		0.45 and Refer to CPT
	ACC, HRS		0.43 and Refer to CPT
	ACC, HRS		0.75 and Refer to CPT
	ACC, HRS		0.43 and Refer to CPT
	ACC, HRS		0.37 and Refer to CPT
	ACC, HRS		0.43 and Refer to CPT
RUC	ACC, HRS		Survey for January 2017
RUC	ACC, HRS		Survey for January 2017
RUC	ACC, HRS		Survey for January 2017
	ACC, HRS		New PE inputs and Refer to CPT
RUC	ACC, HRS		Survey for January 2017
RUC	ACC, HRS		Survey for January 2017
	ACC, HRS		New PE inputs and Refer to CPT
	ACC		1.50
	ACC	AAP	0.92
	ACC	AIUM, SCCM	0.53
	ACC	AIUM, SCAI	0.38
	ACC	AIUM, SCAI	0.15
	ACC	AIUM, SCAI	0.07
RUC	ACC, ASE		1.46; CPT Assistant article publis
RUC	ACC, ASE		1.75
	ACC	AAP	3.02
	ACC	AAP	4.32
	ACC	AAP	5.98
	ACC	AAP	4.95
	ACC	AAP	6.15
	ACC	AAP	6.00
	ACC	AAP	7.66
	ACC	AAP	6.51

	ACC	AAP	7.34
	ACC	AAP	7.88
	ACC	AAP	9.00
	ACC	AAP	3.73
	ACC	AAP	2.00
	ACC	AAP	1.80
	ACC		Deleted from CPT
RUC	ACR, ASA		2.00
	ACC		Deleted from CPT
	ACC	AAP	Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC	AAP	Deleted from CPT
	ACC		Deleted from CPT
	ACC	AAP	Deleted from CPT
	ACC	AAP	Deleted from CPT
	ACC	AAP	Deleted from CPT
	ACC	AAP	2.00
	ACC	AAP	2.10
	ACC	AAP	1.90
	ACC	AAP	0.96
	ACC	AAP	0.97
	ACC	AAP	0.98
RAW			Review action plan
RUC	ACC, HRS		Survey
	ACC		11.57
	ACC		Maintain work RVU and adjust t
	ACC, HRS		Deleted from CPT
	ACC, HRS		Deleted from CPT
	ACC, HRS		15.00
	ACC, HRS		20.00
	ACC, HRS		9.00
	ACC, HRS		20.02
	ACC, HRS		10.00
	ACC		Maintain

			Remove from screen
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	ACC		Deleted from CPT
	AAN, ACC, ACR, SIR, SVS		Deleted from CPT
	ACR, ACC, SVS		0.80
	ACC, ACR, SVS		0.50
	AAN, ACC, ACR, SVS		1.00
	AAN, ACC, ACR, SVS		0.70
	SVS, ACR, ACC	AAFP, AAPM	0.25
	SVS, ACR, ACC	AAFP, AAPM	0.45
	SVS, ACR, ACC	AAFP, AAPM	0.50
	ACC, ACR, SVS		0.80
	ACC, ACR, SVS		0.60
	AAN, ACC, ACR, SIR, SVS		0.80
	AAN, ACC, ACR, SIR, SVS		0.50
	ACC, ACR, SCAI, SVS		Deleted from CPT
	ACC, ACR, SVS		0.70
	ACR, SVS, ACC	SIR	0.45
	ACR, SVS, ACC		1.30
	ACR		1.00
			0.97
			0.70
RUC	SVS, SIR, STS, AATS		Deleted from CPT
	ACR, SVS	AUIM	0.60
			Maintain
	ACCP/ATS		Remove from screen - RUC artic
	ACCP/ATS		Remove from screen - RUC artic
	ACCP/ATS		Remove from screen - RUC artic
	ATS, ACCP	AAFP, ACP	0.31 and CPT Assistant article pu
	ACCP, ATS		Deleted from CPT
	ACCP, ATS		Deleted from CPT
	ACCP, ATS		Deleted from CPT
	ACCP, ATS		Deleted from CPT
	ACCP, ATS		Deleted from CPT
	AAFP, ACCP, ATS, ACP, APTA, AOTA		CPT Assistant article published
	ACCP/ATS	AAFP	Remove from screen - RUC artic
RUC	ATS, CHEST		Deleted from CPT
RUC	ATS, CHEST		1.42
	AAFP, ACCP, ATS, ACP, APTA, AOTA		CPT Assistant article published
	AAFP, ACCP, ATS, ACP, APTA, AOTA		CPT Assistant article published
	AACE, TES, ACCP/ATS	AAFP	Remove from screen

RUC	ATS, CHEST		0.70
RUC	ATS, CHEST		0.48
	ACCP, ATS		Deleted from CPT
	ACCP, ATS		Deleted from CPT
	ACCP, ATS		0.31
	ACCP, ATS		0.31
	ACCP, ATS		0.31
	ACCP, ATS		0.19
	ACCP, ATS	AAFP, AAP	New PE inputs
	ACCP, ATS	AAFP, AAP	New PE inputs
	ACCP, ATS	AAFP, AAP	New PE inputs
	ACCP/ATS		Refer to CPT Assistant. Remove
RUC	AAAAI, AAOA, ACAAI		0.01
	JCAAI, ACAAI, AAAAI	AAFP, AAOA	Deleted from CPT
	JCAAI, ACAAI, AAAAI	AAFP, AAOA	Deleted from CPT
	JCAAI		0.07
	JCAAI		0.14
	JCAAI, ACAAI, AAAAI, AAOA		New PE Inputs
	JCAAI, ACAAI, AAAAI		0.01
	JCAAI, AAOA		New PE Inputs
	JCAAI, AAOA		New PE Inputs
	AAOHNS, AAOA, ACAAI		0.06
			0.06
	AAOHNS, AAOA, ACAAI		0.06
	AACE, ES		New PE inputs
RUC	AACE, ES		0.70 and Refer to CPT
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP	1.05
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP	1.00
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP	0.90 and New PE inputs
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP	1.20
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP	1.28
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP,	1.25
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP,	1.74
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP,	2.50
	ACNS, AAN, ACCP/AT	AAP, ACP, AAFP,	2.60
RUC	AAN		1.08
RUC	AAN		1.63
			1.08
	AAN, ACNS		1.08
	AAN, ACNS		1.08
RAW			Review utilization October 2018
	AAN, AAPMR, AANEM	ANA (nurses)	0.96
	AAN, AAPMR, AANEM, APTA		1.54
	AAN, AAPMR, AANEM, APTA		1.87

	AAN, AAPMR, AANEM, APTA		1.99
	AAN, AAPMR, AANEM, APTA		0.79
	AAN, AAPMR, AANEM, APTA		1.18
	AAN, AAPMR, AANEM, APTA		0.37
	AAN, AAPMR, AANEM, APTA		0.37
	AAN, AAPMR, AANEM, ACNS, APTA		0.35
	AAN, AAPMR, AANEM, ACNS, APTA		0.92
	AAN, AAPMR, AANEM, ACNS, APTA		0.73
	AAN, AAPMR, AANEM, APTA		Deleted from CPT
	AAN, AAPMR, AANEM, APTA		Deleted from CPT
	AAN, AAPMR, AANEM, APTA		Deleted from CPT
	AAN, AAPMR, AANEM, APTA		1.00
	AAN, AAPMR, AANEM, APTA		1.37
	AAN, AAPMR, AANEM, APTA		1.77
	AAN, AAPMR, AANEM, APTA		2.80
	AAN, AAPMR, AANEM, APTA		3.34
	AAN, AAPMR, AANEM, APTA		4.00
	AAN, AAPMR, AANEM, APTA		4.20
	AAN, AANEM	AAFP	0.90
	AAN, AANEM	AAFP	0.96
	AAN, AANEM		0.90
	AAN, AANEM		1.73
	AAN, AANEM, ACNS,	AAFP	0.54 and New PE Inputs
	AAN, AANEM, ACNS,	AAFP	0.54 and New PE Inputs
	AAN, AANEM, AAPM	AAFP	1.50
	AAN, AANEM, AAPM	AAFP	1.50
RUC	AAO, AOA (optometry), ACNS		0.35
			Deleted from CPT
			Deleted from CPT
	AAN, AANEM, AAPMR, ACNS		0.86 and new PE inputs
	AAN, AANEM, AAPMR, ACNS		2.25 and new PE inputs
			0.60
			2.00
	AAN, AANEM		Carrier Price
	AAN, ACNS		1.51 and new PE inputs
RAW			Review action plan
	AAN, ACNS		3.08
	AAN, ACNS		Remove from screen
	AAN, ACNS		3.61. CPT Assistant article publi
	AAN		1.98
RUC	AAN, AAPM, NASS, ACO, ACNS, ISIS, A		Refer to CPT
	AANS/CNS, ACOG, AS	AAPMR	0.78
	AANS/CNS, ACOG, AS	AAPMR	0.80
	AANS/CNS, ACOG, ASA, AUA, ISIS		Deleted from CPT

RUC	AAN	AAOHNS, AAPM	Refer to CPT
RUC	AAN	AAOHNS, AAPM	Refer to CPT
RUC	AAN	AAOHNS, AAPM	Refer to CPT
RUC	AAN	AAOHNS, AAPM	Refer to CPT
	No Interest		Refer to CPT
	No Interest		Refer to CPT
	No Interest		Refer to CPT
	ASA, AAPM, NASS, AAMP&R, AANS/C		0.00
	ASA, AAPM		0.77
HCPAC	APA (psychology)		Deleted from CPT
HCPAC	APA (psychology)		Deleted from CPT
HCPAC	APA (Psychology)		Deleted from CPT
HCPAC	ASHA, AAN		Refer to CPT. 1.75
RUC	AAN, APA (psychology)		Refer to CPT
RUC	AAN, APA (psychology)		Deleted from CPT
RUC	AAN, APA (psychology)		Refer to CPT
HCPAC	APA (psychology)		Deleted from CPT
HCPAC	APA (psychology)		Deleted from CPT
HCPAC	APA (Psychology)		Deleted from CPT
HCPAC	APA (psychology)		Refer to CPT
RUC	APA (psychology)		Refer to CPT
RUC	ASCO, ASH		Survey
RUC	ASCO, ASH		Survey
	ACRh, ASCO, ASH, ISDA		0.21
	ACRh, ASCO, ASH, ISDA		0.18
	ACRh, ASCO, ASH, ISDA		0.19
	ACRh, ASCO, ASH, ISDA		0.17
RUC	ASCO, ASH, AAFP, ACRh		Survey
RUC	ASCO, ASH, ACRh		Survey
RUC	ASCO, ASH, ACRh		Survey
RUC	ASCO, ASH		Survey
RUC			
RUC			
RUC			
RUC			
RUC			
RUC			
RUC			
RUC	ASBMT, ASCO, ASH, ACRh		Survey
RUC	ASBMT, ASCO, ASH, AUA		Survey
	ASCO		New PE inputs
	ASCO		New PE inputs
RUC	ASBMT, ASCO, ASH		Survey
RUC	ASBMT, ASCO, ASH		Survey

	ACRh, ASCO, ASH, ASBMT		0.28 and new PE inputs
	ACRh, ASCO, ASH, ASBMT		0.19 and new PE inputs
	ACRh, ASCO, ASH		New PE inputs
	ACRh, ASCO, ASH, ASBMT		0.21 and new PE inputs
			New PE inputs
RUC	AAD		Deleted from CPT
	AAD		PE Only
RAW	AAD		1.15
RAW	AAD		1.30
RAW	AAD		2.10
RUC	AAD		
RUC	AAD		
HCPAC			Deleted from CPT
HCPAC			Deleted from CPT
HCPAC			Deleted from CPT
HCPAC			Deleted from CPT
RUC	APTA		Survey January 2017
RUC	APTA		Survey January 2017
RUC	APTA		Survey January 2017
RUC	APTA		Survey January 2017
RUC	AOTA, APTA		Survey January 2017
RUC	APTA		Survey January 2017
RUC	APTA	AAPM&R	Refer to CPT
RUC	APTA		Survey January 2017
RUC	APTA, AOTA		Survey January 2017
RUC	APTA		Survey January 2017
RUC	AOTA, APTA		Refer to CPT
RUC	APTA, AOTA		Refer to CPT
RUC	APTA	AAPM&R	Refer to CPT
RUC	APTA		Refer to CPT
RUC	APTA		Refer to CPT
RUC	APTA		0.29
HCPAC	AOTA, APTA		0.75
HCPAC	AOTA, APTA		1.18
HCPAC	AOTA, APTA		1.50
HCPAC	AOTA, APTA		0.75
HCPAC	AOTA, APTA		0.88
HCPAC	AOTA, APTA		1.20
HCPAC	AOTA, APTA		1.70
HCPAC	AOTA, APTA		0.80
RUC	APTA, AOTA		Refer to CPT
HCPAC	APTA, AOTA, ASHA, APA (psychology)		Refer to CPT
RUC	APTA, AOTA		Refer to CPT
RUC	APTA, AOTA		Refer to CPT

RUC	APTA, AOTA		Refer to CPT
RUC	APTA, AOTA		Refer to CPT
RAW	APTA, APMA		Review 2017. 0.54
RAW	APTA, APMA		Review 2017. 0.40
	AAOS, ACS, APMA, ASPS		Maintain
	AAOS, ACS, APMA, A	ANA	0.55
	APMA, ACS, AAOS, A	ANA, AAPMR	0.60
	APMA, ACS, AAOS, A	ANA, AAPMR	0.11
	APMA, ACS, AAOS, A	ANA, AAPMR	0.46
			Maintain
RUC	APMA, ACS, AAOS, ASPS		Refer to CPT
RUC	APTA, AOTA		Survey
RUC	APTA		Survey
RUC	APTA		Deleted from CPT
RUC	APTA, AOTA		Survey
	ADA, AGA, AACE	AAFP	0.53
	ADA, AGA, AACE	AAFP	0.45
HCPAC			
	AOA	AAFP, ACA	0.50
	AOA	AAFP, ACA	0.75
	AOA	AAFP, ACA	1.00
	AOA	AAFP, ACA	1.25
	AOA	AAFP, ACA	1.50
	ACA		0.46
	ACA		0.71
	ACA		0.96
	ACA		0.46
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		Deleted from CPT
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		Deleted from CPT
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		Deleted from CPT
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		Deleted from CPT
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		Deleted from CPT
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		0.50
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		0.25
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		1.90
RUC	AAP, AAOMS, ACC, CHEST, ACEP, ACG		1.84
	AAP, AAO		PE Only
			PE Only
	ACEP, ACP, ACS, APM	AAPMR	2.11
RUC			Deleted from CPT
RUC			Deleted from CPT
	No Interest		RUC recommended to survey bu
	No Interest		RUC recommended to survey bu
RUC			

RUC			
RAW	AAFP, AAN, ACP, ACCP, AGS, ATS		Review in 3 years and refer to C
RAW	AAFP, AAN, ACP, ACCP, AGS, ATS		Review in 3 years and refer to C
	ACOG		Remove from screen
RAW			Review action plan
	AGA, ASGE, ACG, ASCRS, SAGES, ACS		0.84
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		3.36
RUC			Survey for April 2017
RUC			Survey for April 2017
	AGA, ASGE, ACG, ASCRS, ACS, SAGES		3.36
	APMA		Remove from screen
RUC			Survey for April 2017
	No Interest		RUC recommended to survey bu
	No Interest		RUC recommended to survey bu
	No Interest		Recommend deletion after revie
	No Interest		Recommend deletion after revie
	ACR		Assume CMS will delete
	ACR		Assume CMS will delete
	ACR		Assume CMS will delete
	ACCP/ATS	AAFP	Remove from screen - RUC artic
	ACCP/ATS	AAFP	Remove from screen - RUC artic
RUC	ACC		Refer to CPT to create Category
RUC	ACC	AAFP	Refer to CPT to create Category
RUC	ACC	AAFP	Refer to CPT to create Category
	AAO-HNS		Remove from screen
	ADA		Remove from screen
RUC	APTA		Refer to CPT
RAW	ACC, ACP, ACR, SCAI, SVS		Refer to CPT Assistant.
RUC			Survey for April 2017
RUC			Survey for April 2017
RUC	ASC, CAP		4.00
RUC			Code Deleted
	No Interest		RUC recommended to survey bu
	No Interest		RUC recommended to survey bu
RUC			Survey for April 2017
RUC			Survey for April 2017
RUC			Survey for April 2017
			Remove from screen
			No specialty society interest
			No specialty society interest

Screen	First Identified - RUC Meeting Date	Global Period	2007 work rvu	2007 non facility PE RVU	2007 facility PE RVU
High Volume Growth4	October 2016	XXX	0.00	0	0
CMS Request - Final Rule for 2016	July 2015	XXX	0.00	0	0
CMS Request - Final Rule for 2016	September 2016				
CMS Request - Final Rule for 2016	September 2016				
CMS Request - Final Rule for 2016	July 2015	XXX	0.00	0	0
CMS Request - Final Rule for 2016	September 2016				
CMS Request - Final Rule for 2016	September 2016				
CMS Request - Final Rule for 2016	September 2016				
High Volume Growth1	February 2008	XXX	0.00	0	0
High Volume Growth4	October 2016	XXX			
CMS Request - Final Rule for 2016	July 2015	XXX	1.27	2.14	0.5
CMS Fastest Growing / CMS High Expend	October 2008	XXX	1.27	2.41	0.4
Codes Reported Together 75% or More-	January 2012	XXX			
Harvard Valued - Utilization over 30,000	October 2015	010	1.19	1.09	0.84
Harvard Valued - Utilization over 100,00	February 2010	010	1.19	1.29	0.97
Harvard Valued - Utilization over 100,00	October 2009	010	2.42	1.89	1.51
Harvard Valued - Utilization over 30,000	April 2011	010	1.23	2.12	0.97
RUC identified when reviewing comparis	January 2013	010	2.27	3.06	1.94
Site of Service Anomaly	September 2007	000	0.50	0.56	0.2
Site of Service Anomaly	September 2007	000	0.60	0.68	0.3
Site of Service Anomaly	September 2007	000	0.80	0.97	0.39
Site of Service Anomaly	September 2007	000	3.04	3.45	2.62
Site of Service Anomaly	September 2007	000	4.11	4.58	3.73
Site of Service Anomaly		ZZZ			
Site of Service Anomaly		ZZZ			
Site of Service Anomaly		ZZZ			
CMS Request to Re-Review Families of R	November 2011	000	0.43	0.63	0.16
MPC List / CMS Request to Re-Review Fa	October 2010	000	0.61	0.7	0.22
CMS Request to Re-Review Families of R	November 2011	000	0.79	0.81	0.28
MPC List / CMS High Expenditure Proced	October 2010	000	0.81	1.41	0.38
Low Value Billed in Multiple Units / CMS	October 2010	ZZZ	0.41	0.35	0.2
CMS High Expenditure Procedural Codes	January 2012	000	0.51	1.04	0.21
CMS High Expenditure Procedural Codes	January 2012	000	0.85	1.21	0.38
CMS High Expenditure Procedural Codes	January 2012	000	1.05	1.42	0.47
CMS High Expenditure Procedural Codes	January 2012	000	1.24	1.69	0.53
CMS High Expenditure Procedural Codes	January 2012	000	0.67	0.91	0.26
CMS High Expenditure Procedural Codes	January 2012	000	0.99	1.18	0.41
CMS High Expenditure Procedural Codes	January 2012	000	1.14	1.4	0.49
CMS High Expenditure Procedural Codes	January 2012	000	1.41	1.53	0.58

CMS High Expenditure Procedural Codes	January 2012	000	0.73	1.18	0.32
CMS High Expenditure Procedural Codes	January 2012	000	1.05	1.34	0.49
CMS High Expenditure Procedural Codes	January 2012	000	1.20	1.55	0.56
CMS High Expenditure Procedural Codes	January 2012	000	1.62	1.9	0.73
Low Value-High Volume	October 2010	000	0.17	0.28	0.07
MPC List		000	0.32	0.37	0.11
MPC List	October 2010	000	0.54	0.47	0.2
CMS High Expenditure Procedural Codes	July 2015	000	1.10	1.11	0.4
010-Day Global Post-Operative Visits	January 2014	010	2.40	2.37	1.79
010-Day Global Post-Operative Visits	January 2014	010	3.48	3.28	2.95
Harvard Valued - Utilization over 100,00	October 2009	000	0.52	0.72	0.22
Harvard Valued - Utilization over 100,00	February 2010	000	0.80	0.75	0.37
High Volume Growth2	April 2013	000	1.48	1.1	0.55
High Volume Growth1	June 2008	XXX	1.48	1.76	0.66
High Volume Growth1	February 2008	XXX	1.78	1.97	0.81
High Volume Growth1	June 2008	XXX	3.30	2.38	1.44
Harvard Valued - Utilization over 100,00	October 2009	000	1.72	1.92	0.76
Harvard Valued - Utilization over 100,00	October 2009	000	1.88	1.98	0.89
Harvard Valued - Utilization over 100,00	April 2010	000	2.26	2.26	0.99
Harvard Valued - Utilization over 100,000		000	2.88	2.75	1.17
Harvard Valued - Utilization over 100,00	April 2010	000	3.68	3.3	1.46
Harvard Valued - Utilization over 100,00	April 2010	000	4.13	3.71	1.73
Harvard Valued - Utilization over 100,00	April 2010	000	1.78	2.07	0.78
Harvard Valued - Utilization over 100,00	April 2010	000	2.01	2.22	0.92
Harvard Valued - Utilization over 100,000		000	2.48	2.5	1.04
Harvard Valued - Utilization over 100,000		000	3.21	3.04	1.22
Harvard Valued - Utilization over 100,000		000	3.94	3.45	1.47
Harvard Valued - Utilization over 100,000		000	4.72	NA	1.79
Harvard Valued - Utilization over 100,000		000	5.54	NA	2.19
Harvard Valued - Utilization over 100,00	February 2010	010	2.17	2.69	1.17
Harvard Valued - Utilization over 100,00	October 2009	010	2.49	4.19	1.92
Harvard Valued - Utilization over 100,00	February 2010	010	2.94	3.54	1.59
Harvard Valued - Utilization over 100,00	February 2010	010	3.44	5.21	2.14
Harvard Valued - Utilization over 100,00	February 2010	010	4.06	5.51	2.47
Harvard Valued - Utilization over 100,00	February 2010	010	4.68	6.05	2.88
Harvard Valued - Utilization over 100,00	February 2010	010	2.39	2.87	1.29
Harvard Valued - Utilization over 100,00	February 2010	010	2.76	3.57	1.63
Harvard Valued - Utilization over 100,00	February 2010	010	3.16	3.74	1.69
Harvard Valued - Utilization over 100,00	February 2010	010	3.65	5.21	2.23
Harvard Valued - Utilization over 100,00	February 2010	010	4.26	6.28	2.64
Harvard Valued - Utilization over 100,00	February 2010	010	4.66	6.3	2.95
Harvard Valued - Utilization over 100,00	February 2010	010	2.49	3.48	1.57
Harvard Valued - Utilization over 100,00	February 2010	010	2.81	3.64	1.72
Harvard Valued - Utilization over 100,00	February 2010	010	3.14	3.77	1.68

Harvard Valued - Utilization over 100,00	February 2010	010	3.47	4.02	1.74
Harvard Valued - Utilization over 100,00	February 2010	010	4.44	4.87	2.13
Harvard Valued - Utilization over 100,00	February 2010	010	5.25	6.62	2.89
Harvard Valued - Utilization over 100,00	February 2010	010	5.97	6.47	3.53
CMS Request		010	3.14	4.15	2.35
CMS Request		010	3.93	4.99	2.77
CMS Request		ZZZ	1.24	1.22	0.57
CMS Fastest Growing / CPT Assistant An	October 2008	010	3.32	4.26	2.41
CMS Fastest Growing / CPT Assistant An	October 2008	010	4.36	5.32	3.02
CMS Fastest Growing / CPT Assistant An	October 2008	ZZZ	1.44	1.48	0.63
Harvard Valued - Utilization over 30,000	April 2011	010	3.80	4.53	2.74
CMS Request	September 2011	010	6.48	6.42	4.38
CMS Request	September 2011	ZZZ	2.19	1.72	1.02
CMS Request	September 2011	010	3.82	4.83	2.76
CMS Request	September 2011	010	4.46	4.99	3.17
Harvard Valued - Utilization over 30,000	April 2011	010	6.34	6.42	4.03
CMS Request		ZZZ	2.38	1.96	1.11
Site of Service Anomaly	April 2008	090	6.83	8.14	5.63
Site of Service Anomaly	September 2007	090	9.60	9.86	7.22
Site of Service Anomaly	April 2008	090	7.66	8.98	6.64
Site of Service Anomaly / CMS Fastest G	September 2007	090	11.18	10.63	8.41
Site of Service Anomaly	April 2008	090	8.44	9.17	7.17
Site of Service Anomaly	September 2007	090	12.67	11.37	8.88
Site of Service Anomaly	April 2008	090	9.07	9.02	7.39
Site of Service Anomaly	September 2007	090	13.67	12.45	9.72
Site of Service Anomaly / CMS Fastest G	September 2007	090	13.26	11.77	9.28
Site of Service Anomaly / CMS Fastest G	September 2007	090			
Site of Service Anomaly / CMS Fastest G	September 2007	ZZZ			
Pre-Time Analysis	January 2014	000	3.65	4.12	1.65
Pre-Time Analysis	January 2014	000	4.58	4.77	1.97
Pre-Time Analysis	January 2014	090	9.74	11.91	7.57
Site of Service Anomaly	September 2007	090	10.96	10.87	7.71
Different Performing Specialty from Surv	February 2010	090	5.99	3.79	2.37
Different Performing Specialty from Surv	February 2010	ZZZ	1.55	0.68	0.6
Different Performing Specialty from Surv	October 2009	090	7.99	5.4	3.96
Different Performing Specialty from Surv	February 2010	ZZZ	2.45	1.1	0.95
Site of Service Anomaly (99238-Only)	September 2007	090	7.95	9.5	6.69
Pre-Time Analysis	January 2014	090	10.15	10.66	8.2
Different Performing Specialty from Surv	April 2011	000			
Different Performing Specialty from Surv	April 2011	ZZZ			
Different Performing Specialty from Surv	April 2011	000			
Different Performing Specialty from Surv	April 2011	ZZZ			
Different Performing Specialty from Surv	April 2011	000			
Different Performing Specialty from Surv	April 2011	ZZZ			

Different Performing Specialty from Surv	April 2011	000			
Different Performing Specialty from Surv	April 2011	ZZZ			
Different Performing Specialty from Surv	October 2009	090	5.36	3.66	2.49
Different Performing Specialty from Surv	February 2010	ZZZ	1.50	0.69	0.57
High IWPUT	February 2008	090	3.99	3.18	2.15
Different Performing Specialty from Surv	February 2010	ZZZ	1.00	0.46	0.39
Different Performing Specialty from Surv	October 2009	090	4.50	3.46	2.35
Different Performing Specialty from Surv	February 2010	ZZZ	1.43	0.7	0.55
Different Performing Specialty from Surv	February 2010	090	3.93	4.47	3.13
Different Performing Specialty from Surv	February 2010	ZZZ	1.15	0.58	0.44
Different Performing Specialty from Surv	October 2009	090	4.21	4.5	3.2
Different Performing Specialty from Surv	February 2010	ZZZ	1.45	0.7	0.56
Site of Service Anomaly	September 2007	090	4.38	4.25	3.95
High Volume Growth1	February 2008	ZZZ	1.00	1.67	0.42
Different Performing Specialty from Surv	October 2009	090	4.89	4.86	3.83
Different Performing Specialty from Surv	February 2010	ZZZ	1.50	1.29	0.6
Site of Service Anomaly	September 2007	090	10.00	11.09	6.71
Site of Service Anomaly	April 2008	090	9.94	9.59	6.53
Site of Service Anomaly	September 2007	090	10.52	10.64	7.6
Site of Service Anomaly	September 2007	090	9.24	9.74	6.81
High Level E/M in Global Period	April 2016	090	14.12	12.13	9.56
Site of Service Anomaly / High Level E/M	September 2007	090	19.70	17.27	12.01
High Level E/M in Global Period	October 2015	090	19.62	17.58	12.32
High Level E/M in Global Period	January 2016	090	16.92	17.17	10.96
High Level E/M in Global Period	January 2016	090	18.92	17.04	11.45
Site of Service Anomaly / CMS Fastest G	September 2007	090	11.57	11.01	8.58
Different Performing Specialty from Surv	April 2011	ZZZ			
High Level E/M in Global Period	January 2017				
High Level E/M in Global Period	January 2017				
Harvard Valued - Utilization over 100,00	October 2009	090	8.12	7.8	6.41
Different Performing Specialty from Surv	October 2009	000	0.80	1.25	0.58
Different Performing Specialty from Surv	October 2009	000	1.85	1.72	0.94
Different Performing Specialty from Surv	February 2010	000	2.08	2.12	1.08
MPC List	October 2010	010	0.62	1.08	0.59
Low Value-Billed in Multiple Units / CMS	October 2010	ZZZ	0.07	0.11	0.06
CMS High Expenditure Procedural Codes	September 2011	010	1.82	2.33	1.54
High IWPUT	February 2008	090	4.62	4.63	3.33
High IWPUT	February 2008	090	9.19	7.24	5.41
High IWPUT	February 2008	090	13.22	9.34	7.49
High Volume Growth2	April 2013	010	0.67	1.66	0.74
High Volume Growth2	April 2013	010	0.94	1.83	0.89
High Volume Growth3	October 2015	000	0.50	1.25	0.35
Harvard Valued - Utilization over 100,00	October 2009	010	1.19	1.84	0.9
Harvard Valued - Utilization over 100,00	February 2010	010	1.60	2.13	1.09

Harvard Valued - Utilization over 100,00	February 2010	010	1.51	2	1.05
Harvard Valued - Utilization over 100,00	February 2010	010	1.79	2.24	1.18
Harvard Valued - Utilization over 100,00	February 2010	010	1.74	2.12	1.16
Harvard Valued - Utilization over 100,00	October 2009	010	2.06	2.41	1.31
CMS High Expenditure Procedural Codes	September 2011	000	6.20	10.79	3.16
CMS High Expenditure Procedural Codes	September 2011	ZZZ	3.30	6.92	1.68
CMS High Expenditure Procedural Codes	January 2012	000	5.56	9.95	2.83
CMS High Expenditure Procedural Codes	January 2012	ZZZ	3.06	6.41	1.55
CMS High Expenditure Procedural Codes	January 2012	ZZZ	0.87	1.15	0.44
Site of Service Anomaly	September 2007	090	3.74	6.39	2.76
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ			
Codes Reported Together 75% or More-	January 2012	000	2.00	3.68	0.64
Codes Reported Together 75% or More-	January 2012	000	3.69	11.01	1.18
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	ZZZ	1.27	2.81	0.41
Codes Reported Together 75% or More-	January 2012	ZZZ	0.63	1.17	0.2
CMS Fastest Growing / Codes Reported	October 2008	ZZZ	0.00	2.57	2.02
Site of Service Anomaly - 2015 / High Le	October 2015	090	15.67	NA	5.52
Site of Service Anomaly (99238-Only)	September 2007	090	15.91	NA	10.94
CMS Request		090	6.32	NA	3.07
Site of Service Anomaly / 090-Day Globa	September 2007	090	20.57	NA	15.69
Site of Service Anomaly (99238-Only)	September 2007	010	2.14	2.71	1.68
Site of Service Anomaly	September 2007	010	3.55	3.54	2.2
010-Day Global Post-Operative Visits	April 2014	010	3.25	NA	2.44
010-Day Global Post-Operative Visits	January 2014	010	8.77	NA	6.38
Site of Service Anomaly (99238-Only)	September 2007	010	3.51	8.62	2.52
CMS Fastest Growing / CMS High Expend	October 2008	000	0.75	0.69	0.25
CMS Fastest Growing	October 2008	000	0.75	0.67	0.32
CMS High Expenditure Procedural Codes	July 2015	000	0.66	0.69	0.21
CMS High Expenditure Procedural Codes	July 2015	000	0.75	0.78	0.23
Harvard Valued - Utilization over 100,00	February 2010	000	0.66	0.66	0.34
CMS Request - Final Rule for 2014	July 2013	000			

Harvard Valued - Utilization over 100,00	October 2009	000	0.68	0.76	0.35
CMS Request - Final Rule for 2014	July 2013	000			
Harvard Valued - Utilization over 100,00	February 2010	000	0.79	0.98	0.42
CMS Request - Final Rule for 2014	July 2013	000			
Pre-Time Analysis	January 2014	090	5.90	8.63	3.82
090-Day Global Post-Operative Visits	January 2014	090	6.40	NA	3.65
Site of Service Anomaly (99238-Only)	September 2007	090	4.20	6.69	3.92
Site of Service Anomaly	September 2007	000	5.77	8.65	5.5
Site of Service Anomaly	April 2008	000	7.98	NA	6.63
CMS Fastest Growing	October 2008	090	5.70	NA	4.67
Site of Service Anomaly	September 2007	090	5.59	NA	4.85
Site of Service Anomaly	September 2007	090	11.07	12.32	9.21
090-Day Global Post-Operative Visits	October 2015	090	6.55	NA	8.73
Site of Service Anomaly	September 2007	090	8.91	NA	5.13
CMS Request - Final Rule for 2014	July 2013	090	0.98	1.34	1.34
CMS Request - Final Rule for 2014	January 2014	090	2.80	NA	3.28
CMS Request - Final Rule for 2014	January 2014	090	6.92	NA	5.03
CMS Request - Final Rule for 2014	January 2014	000			
CMS Request - Final Rule for 2014	January 2014	000			
CMS Request - Final Rule for 2014	January 2014	000			
CMS Request - Final Rule for 2014 / Eme	January 2014	090	1.31	1.82	1.77
CMS Request - Final Rule for 2014	January 2014	090	7.65	NA	6.16
Site of Service Anomaly	September 2007	090	18.38	NA	9.37
CMS Fastest Growing	October 2008	090	20.77	NA	13.53
CMS Request - Final Rule for 2014	July 2013	090	2.08	2.27	1.89
Codes Reported Together 75% or More-Part2		010			
Codes Reported Together 75% or More-Part2		010			
Codes Reported Together 75% or More-Part2		ZZZ			
Codes Reported Together 75% or More-Part2		010			
Codes Reported Together 75% or More-Part2		010			
Codes Reported Together 75% or More-Part2		ZZZ			
CMS Request - Practice Expense Review	February 2009	010	9.17	56.83	4.84
Site of Service Anomaly (99238-Only); CI	September 2007	010	8.60	52.87	4.69
Codes Reported Together 75% or More-Part2		ZZZ	4.30	NA	1.59
CMS Request: PE Review	September 2011	010	9.21	NA	5.6
CMS Request: PE Review	September 2011	010	8.81	NA	5.4
CMS Request: PE Review	September 2011	ZZZ	4.47	NA	2.12
CMS Fastest Growing	October 2008	090	24.61	NA	13.57
Codes Reported Together 95% or More		090			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More	February 2008	090	17.54	NA	11.97
High Volume Growth2 / Codes Reported	April 2013	090	23.33	NA	12.86
Codes Reported Together 95% or More		ZZZ	5.52	NA	2.62
Codes Reported Together 75% or More-	February 2010	090	23.38	NA	13.83

Codes Reported Together 75% or More-	February 2010	ZZZ	6.43	NA	3.15
Codes Reported Together 75% or More-	February 2010	090	21.89	NA	13.39
Codes Reported Together 75% or More-	February 2010	ZZZ	5.22	NA	2.51
Codes Reported Together 75% or More-	February 2010	090			
Codes Reported Together 75% or More-	February 2010	ZZZ			
CMS Fastest Growing	October 2008	ZZZ	13.44	NA	6.28
CMS Fastest Growing	October 2008	090	19.08	NA	11.39
CMS Fastest Growing / High Volume Gro	October 2008	ZZZ	6.70	NA	3.18
CMS High Expenditure Procedural Codes	October 2015	ZZZ			
CMS High Expenditure Procedural Codes	October 2015	ZZZ			
CMS High Expenditure Procedural Codes	October 2015	ZZZ			
Site of Service Anomaly	September 2007	090	6.14	NA	3.3
Site of Service Anomaly	September 2007	090	7.77	NA	5.5
Site of Service Anomaly	September 2007	090	7.23	NA	6.22
Site of Service Anomaly (99238-Only)	September 2007	090	7.63	NA	6.88
Harvard Valued - Utilization over 30,000	April 2011	000	1.00	3.23	0.32
Site of Service Anomaly (99238-Only)	September 2007	090	8.43	NA	6.69
Site of Service Anomaly	September 2007	090	12.63	NA	9.02
Site of Service Anomaly / Pre-Time Analy	September 2007	090	13.55	NA	9.49
Site of Service Anomaly	September 2007	090	10.09	NA	7.65
Site of Service Anomaly	September 2007	090	14.75	NA	10.59
CMS Fastest Growing, Site of Service An	September 2007	090	10.05	NA	7.78
Site of Service Anomaly (99238-Only)	September 2007	090	10.53	NA	7.91
CMS Fastest Growing / High Volume Gro	October 2008	090	22.47	NA	13.89
Emergent Procedures	October 2015	090	2.28	2.8	2.43
Harvard Valued - Utilization over 30,000	April 2011	090	3.00	4.43	3.58
Emergent Procedures	October 2015	090	3.99	4.82	4.19
Emergent Procedures	October 2015	090	3.44	3.65	2.77
Emergent Procedures	October 2015	090	4.64	NA	4.17
Emergent Procedures	October 2015	090	4.54	5.21	4.61
Emergent Procedures	October 2015	090	5.25	6.42	5.27
Emergent Procedures	October 2015	090	4.28	4.61	3.45
Emergent Procedures	October 2015	090	5.50	NA	5.26
Site of Service Anomaly	September 2007	090	7.38	NA	12.13
Site of Service Anomaly (99238-Only)	September 2007	090	6.01	NA	6.49
Site of Service Anomaly (99238-Only)	September 2007	090	7.89	NA	12.3
Site of Service Anomaly (99238-Only)	September 2007	090	7.28	NA	11.6
Site of Service Anomaly	September 2007	090	8.26	NA	11.99
Emergent Procedures	October 2015	090	5.71	6.52	5.32
Emergent Procedures	October 2015	090	7.02	7.15	6.21
Pre-Time Analysis	September 2014	090	8.10	NA	8.41
Pre-Time Analysis	September 2014	090	9.35	NA	7.26
Pre-Time Analysis	September 2014	090	10.86	NA	7.88
Pre-Time Analysis	January 2014	090	14.12	NA	9.77

Emergent Procedures	October 2015	090	4.75	5.46	4.53
Site of Service Anomaly / CPT Assistant A	September 2007	090	4.36	NA	4.73
Site of Service Anomaly (99238-Only) / 0	September 2007	090	10.22	NA	17.22
090-Day Global Post-Operative Visits	April 2014	090	8.65	NA	14.29
090-Day Global Post-Operative Visits	April 2014	090	9.22	NA	15.19
CMS Fastest Growing	October 2008	090	6.76	NA	13.68
Emergent Procedures	October 2015	090	3.74	3.65	2.89
Emergent Procedures	October 2015	090	1.74	2.42	2.07
Emergent Procedures	October 2015	090	3.15	4.27	3
Emergent Procedures	October 2015	090	3.07	3.3	2.44
Site of Service Anomaly	September 2007	090	6.44	NA	4.76
Site of Service Anomaly	September 2007	090	5.66	NA	5.05
Different Performing Specialty from Surv	October 2009	000	1.40	3.88	0.33
CMS High Expenditure Procedural Codes	September 2011	090	21.61	NA	12.96
Pre-Time Analysis	January 2014	090	30.13	NA	17.08
CMS Request - Final Rule for 2014	July 2013	090	5.98	4.98	4.98
CMS Request - Final Rule for 2014	October 2015	090	10.08	NA	7.4
CMS Request - Final Rule for 2014	October 2015	090			
CMS Request - Final Rule for 2014	October 2015	090			
Emergent Procedures	October 2015	090	5.69	5.38	5.06
Emergent Procedures	October 2015	090	11.66	NA	6.88
CMS High Expenditure Procedural Codes	September 2011	090	17.43	NA	10.85
Emergent Procedures	October 2015	090	13.66	NA	9.13
High IWPUT	April 2008	090	17.08	NA	10.91
High IWPUT / CMS Fastest Growing	February 2008	090	21.09	NA	13.19
Site of Service Anomaly	September 2007	000	7.21	NA	4.54
Emergent Procedures	October 2015	090	10.92	NA	7.21
Emergent Procedures	October 2015	090	5.12	NA	4.59
Emergent Procedures	October 2015	090	7.67	NA	6.15
Site of Service Anomaly (99238-Only)	September 2007	090	4.95	NA	4.1
High Volume Growth1 / CMS Fastest Gro	February 2008	000	0.96	3.47	0.32
CMS High Expenditure Procedural Codes	September 2011	090	16.26	NA	10.81
CMS High Expenditure Procedural Codes	September 2011	090	23.04	NA	14.14
Emergent Procedures	October 2015	090	11.24	NA	7.82
Emergent Procedures	October 2015	090	9.68	NA	7.09
Emergent Procedures	October 2015	090	5.84	5.84	4.85
Emergent Procedures	October 2015	090	8.04	NA	6.75
Site of Service Anomaly	September 2007	090	12.93	NA	9.07
Site of Service Anomaly	September 2007	090	8.47	9.65	5.79
Site of Service Anomaly	September 2007	090	12.10	NA	9.79
Site of Service Anomaly	February 2008	090	9.73	NA	7.96
Site of Service Anomaly	September 2007	090	9.94	NA	7.22
Site of Service Anomaly	September 2007	090	10.32	NA	6.86
Site of Service Anomaly (99238-Only)	September 2007	090	6.57	7.68	5.26

Site of Service Anomaly (99238-Only)	September 2007	090	6.30	NA	5.12
Site of Service Anomaly	September 2007	090	8.96	NA	6.15
Site of Service Anomaly	September 2007	090	10.28	NA	7.51
Emergent Procedures	October 2015	090	6.15	6.48	5.54
Emergent Procedures	October 2015	090	5.33	6.14	5.14
Site of Service Anomaly	June 2010	090	7.91	NA	6.71
Emergent Procedures	October 2015	090	5.20	6.05	5.02
Pre-Time Analysis	January 2014	090	11.10	NA	8.25
Site of Service Anomaly (99238-Only) / E	September 2007	090	5.57	6.14	5
Emergent Procedures	October 2015	090	6.60	6.42	5.25
Emergent Procedures	October 2015	090	4.65	NA	3.73
010-Day Global Post-Operative Visits	January 2014	010	5.78	5.44	3.74
Site of Service Anomaly (99238-Only)	September 2007	090	5.06	6.55	3.58
Site of Service Anomaly (99238-Only)	September 2007	090	6.02	6.68	4.28
Site of Service Anomaly	September 2007	090	5.64	7.5	4.31
Site of Service Anomaly	September 2007	090	7.56	7.27	5.17
Site of Service Anomaly (99238-Only)	September 2007	090	4.88	5.46	3.62
Harvard Valued - Utilization over 30,000	February 2010	090	4.65	5.34	3.42
090-Day Global Post-Operative Visits	October 2015	090	8.11	8.37	5.68
090-Day Global Post-Operative Visits	October 2015	090	5.72	6.75	4.55
090-Day Global Post-Operative Visits	October 2015	090			
090-Day Global Post-Operative Visits	October 2015	090	8.72	8.21	5.72
090-Day Global Post-Operative Visits	January 2014	090	11.10	11.72	6.34
090-Day Global Post-Operative Visits	October 2015	090	8.63	7.88	4.7
090-Day Global Post-Operative Visits	October 2015	090			
Site of Service Anomaly	September 2007	090	9.31	8.54	5.29
090-Day Global Post-Operative Visits	October 2015	090	9.31	9.34	6.04
Site of Service Anomaly (99238-Only)	September 2007	090	8.01	7.74	4.91
090-Day Global Post-Operative Visits	October 2015	090	11.39	9.24	6.01
Site of Service Anomaly (99238-Only)	September 2007	090	9.61	NA	6.81
Site of Service Anomaly (99238-Only)	September 2007	090	5.48	6.2	3.53
Harvard Valued - Utilization over 30,000	April 2011	090	1.99	3.05	2.43
Emergent Procedures	October 2015	010	1.25	1.27	0.79
Site of Service Anomaly	September 2007	090	11.97	NA	7.93
Site of Service Anomaly	September 2007	090	12.21	NA	8.32
Site of Service Anomaly (99238-Only)	September 2007	090	9.09	10.89	6.37
Site of Service Anomaly	September 2007	090	3.71	7.04	3.4
Harvard Valued - Utilization over 30,000	April 2011	000	0.77	1.25	0.68
High Volume Growth2	April 2013	000	0.65	0.69	0.34
High Volume Growth1	February 2008	000	0.64	0.69	0.38
High Volume Growth2	April 2013	000	0.71	0.81	0.37
High Volume Growth2	October 2013	000	0.55	0.72	0.33
High Volume Growth2	October 2013	000	0.51	0.77	0.33
High Volume Growth3	October 2015	000	1.78	1.76	0.96

High Volume Growth2	April 2013	000	0.54	0.81	0.45
High Volume Growth2	April 2013	000	0.57	0.75	0.34
Harvard Valued - Utilization over 100,00	October 2009	000	0.51	0.45	0.31
Harvard Valued - Utilization over 100,00	February 2010	000	0.47	0.46	0.29
CMS High Expenditure Procedural Codes	July 2015	000	0.55	0.67	0.35
CMS High Expenditure Procedural Codes	July 2015	000			
New Technology/New Services	October 2015	000			
New Technology/New Services	October 2015	000			
New Technology/New Services	October 2015	000			
Harvard Valued - Utilization over 100,00	February 2010	000	0.76	0.54	0.29
CMS Request - Practice Expense Review	NA	090	5.94	NA	5.44
CMS Fastest Growing	October 2008	090	7.49	NA	6.43
Harvard-Valued Annual Allowed Charges	October 2012	090	8.24	NA	6.94
Codes Reported Together 75% or More-	February 2010	090	8.82	NA	7.3
Codes Reported Together 75% or More-	February 2010	ZZZ	9.05	NA	7.21
CMS Fastest Growing/ Codes Reported T	October 2008	090	15.44	NA	11.01
Codes Reported Together 75% or More-	February 2010	090			
CMS Request - Practice Expense Review	NA	090	5.80	NA	5.14
CMS Request - Practice Expense Review	NA	090	5.59	NA	5.16
CMS Request - Practice Expense Review	NA	090	5.11	NA	4.72
Site of Service Anomaly	September 2007	090	14.14	NA	9.75
CMS Request - Practice Expense Review	NA	090	5.74	NA	5.6
Harvard Valued - Utilization over 30,000	October 2015	000	3.48	NA	6.29
Site of Service Anomaly (99238-Only)	September 2007	090	12.20	NA	11.58
Harvard Valued - Utilization over 100,00	October 2009	000	1.21	1.32	0.31
CMS Request - Final Rule for 2016	July 2015	000	1.54	2.8	0.47
CMS Request - Final Rule for 2016	July 2015	000	1.97	3.57	0.69
CMS Request - Final Rule for 2016	July 2015	000	2.45	3.91	1.07
MPC List	October 2010	000	1.10	3.37	0.84
CMS High Expenditure Procedural Codes	September 2011	000	2.98	5.03	1.72
CMS High Expenditure Procedural Codes	January 2012	000	3.26	5.04	1.9
CMS High Expenditure Procedural Codes	January 2012	010	9.23	NA	7.59
CMS High Expenditure Procedural Codes	January 2012	000	2.61	NA	1.59
CMS Request - Final Rule for 2016	July 2015	000	4.64	NA	2.57
Codes Reported Together 75% or More-	April 2015	000	6.95	NA	3.69
CMS Request - Final Rule for 2016	July 2015	000	3.29	NA	1.92
CMS Request - Final Rule for 2016	July 2015	000	5.45	NA	2.96
Codes Reported Together 75% or More-	April 2015	000	8.84	NA	4.58
Codes Reported Together 75% or More-	April 2015	000	3.91	NA	2.22
Codes Reported Together 75% or More-	April 2015	000	4.57	NA	2.54
Codes Reported Together 75% or More-	April 2015	000			
Codes Reported Together 75% or More-	April 2015	000			
CMS High Expenditure Procedural Codes	July 2015	000	2.33	NA	0.52
090-Day Global Post-Operative Visits	October 2015				

090-Day Global Post-Operative Visits	October 2015				
090-Day Global Post-Operative Visits	October 2015				
090-Day Global Post-Operative Visits	October 2015				
Site of Service Anomaly (99238-Only)	September 2007	000	4.26	NA	2.36
MPC List / CMS High Expenditure Proced	October 2010	000	1.10	1.82	0.84
CMS Fastest Growing / CMS High Expend	October 2008	000	2.26	3.5	1.37
090-Day Global Post-Operative Visits	April 2014	090	14.46	NA	15.31
090-Day Global Post-Operative Visits	April 2014	090	22.87	NA	24.48
090-Day Global Post-Operative Visits	April 2014	090	20.35	NA	17.19
090-Day Global Post-Operative Visits	April 2014	090	15.12	NA	8.96
090-Day Global Post-Operative Visits	January 2014	090	14.62	NA	13.07
090-Day Global Post-Operative Visits	October 2015				
090-Day Global Post-Operative Visits	October 2015				
CMS High Expenditure Procedural Codes	July 2015	000	7.17	NA	2.95
CMS High Expenditure Procedural Codes	July 2015	000	4.44	NA	2.21
CMS High Expenditure Procedural Codes	July 2015	000	4.14	NA	1.57
CMS High Expenditure Procedural Codes	July 2015	000	3.57	NA	1.1
CMS High Expenditure Procedural Codes	July 2015	090	9.29	NA	7.99
Site of Service Anomaly	September 2007	090	5.92	NA	6.92
High Volume Growth2	April 2013	ZZZ	1.40	5.73	0.5
High Volume Growth2	April 2013	000	2.78	5.55	1.02
High Volume Growth4	October 2016	000	2.88	6.32	1.02
High Volume Growth2	April 2013	000	3.36	5.73	1.17
High Volume Growth2	April 2013	000			
High Volume Growth2	April 2013	000	3.80	7.02	1.26
High Volume Growth2	April 2013	000	4.09	13.7	1.35
High Volume Growth2	April 2013	ZZZ	1.03	0.83	0.3
High Volume Growth2	April 2013	ZZZ	1.32	0.94	0.38
Harvard Valued - Utilization over 30,000	October 2015	000	3.16	5.05	1.09
Harvard Valued - Utilization over 30,000	October 2015	000	2.72	4.76	0.97
High Volume Growth2		000			
High Volume Growth2		000			
High Volume Growth2		ZZZ			
Codes Reported Together 75% or More-	April 2015				
Codes Reported Together 75% or More-	April 2015				
Codes Reported Together 75% or More-	April 2015				
Codes Reported Together 75% or More-	April 2015				
Codes Reported Together 75% or More-	April 2015				
Codes Reported Together 75% or More-	January 2012	000	3.99	20.21	1.26
Harvard Valued - Utilization over 30,000	September 2011	000	2.18	NA	0.66
Harvard Valued - Utilization over 30,000	September 2011	000			
Harvard Valued - Utilization over 30,000	April 2011	000			
CMS Request to Re-Review Families of R	November 2011	090	27.17	NA	12.44
CMS Request to Re-Review Families of R	November 2011	090	25.71	NA	11.63

CMS Request to Re-Review Families of R	November 2011	090	27.28	NA	12.48
CMS Request to Re-Review Families of R	November 2011	090	25.09	NA	12.13
Harvard Valued - Utilization over 30,000	April 2011	000			
Harvard Valued - Utilization over 30,000		000			
Harvard Valued - Utilization over 30,000		000			
Harvard Valued - Utilization over 30,000		000			
Harvard Valued - Utilization over 30,000		000			
CMS Fastest Growing	October 2008	090	24.56	NA	10.44
Codes Reported Together 75% or More-	February 2010	090	9.05	NA	4.95
Codes Reported Together 75% or More-	February 2010	090	8.12	NA	4.95
Codes Reported Together 75% or More-	February 2010	090	5.51	NA	3.46
CMS Fastest Growing / Codes Reported	October 2008	090	6.36	NA	3.87
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	February 2010	090	3.33	NA	3.29
Codes Reported Together 75% or More-	February 2010	090	7.61	NA	4.79
Codes Reported Together 75% or More-	February 2010	090	3.26	NA	2.99
Codes Reported Together 75% or More-	February 2010	090	15.02	NA	8.89
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
Codes Reported Together 75% or More-	April 2011	090			
CMS Request - Final Rule for 2013	October 2012	090	4.70	NA	4.1
CMS Request - Final Rule for 2013	October 2012	090	3.04	NA	3.5
CMS High Expenditure Procedural Codes	September 2011	090	41.19	NA	17.58
High IWPUT / CMS High Expenditure Pro	February 2008	090	50.75	NA	17.71
CMS High Expenditure Procedural Codes	September 2011	090	33.64	NA	15.55
New Technology/New Services	January 2015	090			
New Technology/New Services	January 2015	090			
New Technology/New Services	January 2015	090			
High IWPUT	February 2008	090	58.71	NA	19.01
CMS Request - Final Rule for 2014		090	89.08	NA	23.74
CMS Request - Final Rule for 2014		XXX			
CMS Request - Final Rule for 2014	November 2013	XXX			
CMS Request - Final Rule for 2014	November 2013	XXX			
CMS Request - Final Rule for 2014	November 2013	XXX			
CMS Request - Final Rule for 2014	November 2013	000			
CMS Request - Final Rule for 2014	November 2013	000			
CMS Request - Final Rule for 2014	November 2013	000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			

CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014	July 2013	000	19.33	NA	5.09
CMS Request - Final Rule for 2014	July 2013	XXX	10.91	NA	3.45
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014		ZZZ			
CMS Request - Final Rule for 2014		000			
CMS Request - Final Rule for 2014	November 2013	000			
Codes Reported Together 75%or More-F	October 2015	090	21.46	NA	8.72
Pre-Time Analysis / Codes Reported Tog	January 2014	090	23.71	NA	9.38
Codes Reported Together 75%or More-F	October 2015	090	24.74	NA	9.68
Codes Reported Together 75%or More-F	October 2015	090	23.71	NA	9.37
Codes Reported Together 75%or More-F	January 2017	090	22.59	NA	9.04
Codes Reported Together 75%or More-F	January 2017	ZZZ			
Pre-Time Analysis	January 2014	000	6.74	NA	2.1
Codes Reported Together 75%or More-F	January 2017	000	9.74	NA	3.04
Pre-Time Analysis / Codes Reported Tog	January 2014	090	12.72	NA	5.89
Codes Reported Together 75%or More-F	January 2017	ZZZ	4.12	NA	1.31
Codes Reported Together 75%or More-F	January 2017	000	11.98	NA	4.15
Codes Reported Together 75%or More-F	January 2017	000	5.34	NA	2.04
Codes Reported Together 75%or More-F	January 2017	090	16.77	NA	7.24
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				

Codes Reported Together 75%or More-F	January 2017				
Codes Reported Together 75%or More-F	January 2017				
CMS High Expenditure Procedural Codes	September 2011	090	19.53	NA	8.04
Codes Reported Together 75% or More-Part3		000	10.05	NA	3.47
Codes Reported Together 75% or More-Part3		000	6.90	NA	2.48
CMS Fastest Growing	February 2010	000	6.03	NA	2.19
CMS Fastest Growing	February 2010	000	7.34	NA	2.64
Codes Reported Together 75% or More-Part3		000	9.48	NA	3.33
CMS Fastest Growing	February 2010	000	8.62	NA	3.01
Codes Reported Together 75% or More-Part3		000	6.03	NA	2.15
CMS Fastest Growing	October 2008	000	8.62	81.78	3.37
CMS Fastest Growing / Codes Reported	October 2009	000	10.05	91.6	4.13
CMS Fastest Growing / Codes Reported	October 2009	000	6.90	60.05	2.75
CMS Fastest Growing	February 2010	000	6.03	56.4	2.43
CMS Fastest Growing	October 2008	000	7.35	80.7	2.9
CMS Fastest Growing / CMS High Expend	September 2011	000	9.48	53.95	3.48
CMS Fastest Growing / CMS High Expend	September 2011	000	6.03	42.45	2.26
High Volume Growth1	April 2008	000	11.06	NA	5.11
High Volume Growth1	April 2008	000	7.60	NA	3.46
High Volume Growth1	April 2008	000	6.64	NA	3.3
High Volume Growth1	February 2008	000	8.09	NA	3.89
High Volume Growth1	April 2008	000	10.42	NA	4.64
High Volume Growth1	February 2008	000	9.48	NA	4.45
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.18	0.54	0.05
Codes Reported Together 75% or More-	February 2010	XXX	2.43	17.17	0.77
Harvard Valued - Utilization over 30,000	April 2011	XXX	2.01	12.15	0.65
Codes Reported Together 95% or More	February 2008	XXX	2.01	11.87	0.64
Codes Reported Together 95% or More	February 2008	XXX			
Codes Reported Together 95% or More	February 2008	ZZZ			
Codes Reported Together 75% or More-	February 2010	XXX	4.67	26.59	1.65
Codes Reported Together 75% or More-	February 2010	XXX	5.27	28.57	1.82
Harvard Valued - Utilization over 30,000	April 2011	XXX	6.29	52.65	2.17
CMS High Expenditure Procedural Codes	July 2015	ZZZ	1.01	4.72	0.34
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	ZZZ			
Codes Reported Together 75% or More-	February 2010	ZZZ			
Harvard Valued - Utilization over 100,00	October 2009	XXX	4.67	31.17	1.78
Harvard Valued - Utilization over 100,00	February 2010	000	5.27	29.18	1.84
Harvard Valued - Utilization over 100,00	February 2010	000	6.29	48.22	2.17

CMS Fastest Growing	October 2008	ZZZ	1.01	3.81	0.35
Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-Part1		000			
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.18	0.3	0.05
High Volume Growth2	April 2013	000	6.72	47.57	2.39
High Volume Growth2	October 2013	ZZZ	3.38	7.39	1.08
High Volume Growth2	April 2013	000	6.72	42.85	2.41
High Volume Growth2	April 2013	ZZZ	3.38	7.59	1.1
CMS Request - Practice Expense Review	NA	000	6.98	NA	2.46
CMS Request - Final Rule for 2016	January 2017	000	1.74	NA	0.69
CMS Request - Final Rule for 2016	January 2017	000	1.74	NA	0.71
CMS Request - Final Rule for 2016	January 2017	000	1.74	NA	0.68
CMS Request - Final Rule for 2016	January 2017	000	1.74	15.33	0.67
CMS Request - Final Rule for 2016	January 2017	000	1.74	60.92	0.63
CMS Fastest Growing / CMS Request - Fi	October 2008	000	1.22	75.37	0.46
CMS Request - Final Rule for 2016	January 2017	000	1.67	33.02	0.94
CMS High Expenditure Procedural Codes	July 2015	000	2.68	5.34	0.76
CMS High Expenditure Procedural Codes	July 2015	000	2.50	4.93	0.7
Identified in RUC review of other service	October 2016	000	1.92	7.03	0.57
CMS High Expenditure Procedural Codes	July 2015	000	1.82	6.55	0.57
Identified in RUC review of other service	October 2016	000	1.20	6.16	0.54
CMS High Expenditure Procedural Codes	July 2015	000	1.15	NA	0.22
CMS Request - Final Rule for 2013	November 2012	090	11.81	NA	5.73
CMS Request - Final Rule for 2013	November 2012	090	14.39	NA	6.08
Site of Service Anomaly / CMS Request -	September 2007	090	14.39	NA	6.11
Site of Service Anomaly / CMS Request -	September 2007	090	9.15	NA	4.49
CMS Request - Final Rule for 2014		090	5.51	NA	4.23
Site of Service Anomaly / CMS Request -	September 2007	090	10.00	NA	4.87
CMS Request - Final Rule for 2013	November 2012	090	12.00	NA	4.98
Site of Service Anomaly	September 2007	090	11.11	NA	4.68
Site of Service Anomaly (99238-Only) / C	September 2007	090	5.17	49.54	2.99
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	ZZZ			
Codes Reported Together 75% or More-	October 2015	ZZZ			
Codes Reported Together 75% or More-	October 2015	ZZZ			
CMS Request - Practice Expense Review	NA	000	7.99	NA	2.89
Codes Reported Together 75% or More-Part1		000			

Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-	February 2010	000	4.99	NA	2.43
Codes Reported Together 75% or More-	February 2010	000	5.02	31.87	1.98
Codes Reported Together 75% or More-	February 2010	000	18.11	NA	5.75
High Volume Growth1 / Codes Reported	February 2010	000	8.27	NA	3.77
High Volume Growth1	February 2010	ZZZ	4.12	NA	1.46
High Volume Growth1	February 2010	000	8.27	NA	2.98
High Volume Growth1	February 2010	ZZZ	4.12	NA	1.3
Codes Reported Together 75% or More-	February 2010	000	2.27	NA	0.72
Codes Reported Together 75% or More-	February 2010	000	10.60	46.03	3.13
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	ZZZ			
High Volume Growth1	February 2010	ZZZ			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	000			
High Volume Growth1	February 2010	ZZZ			
High Volume Growth1	February 2010	ZZZ			
High Volume Growth1	February 2010	ZZZ			
High Volume Growth1	February 2010	ZZZ			
Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-Part1		ZZZ			
Codes Reported Together 75% or More-Part1		000			
Codes Reported Together 75% or More-Part1		ZZZ			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	February 2010	000			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	ZZZ			
Codes Reported Together 75% or More-	October 2015	000			
Codes Reported Together 75% or More-	October 2015	ZZZ			
Final Rule for 2015	July 2014	ZZZ	2.10	NA	0.77

Final Rule for 2015	July 2014	ZZZ	1.60	NA	0.54
Final Rule for 2015	July 2014	ZZZ			
Final Rule for 2015	July 2014	ZZZ			
Site of Service Anomaly (99238-Only)	September 2007	010	3.02	4.43	1.93
Codes Reported Together 75% or More-Part1		090			
Codes Reported Together 75% or More-	February 2010	090	11.49	NA	5.52
Site of Service Anomaly	September 2007	090	10.69	NA	5.14
Site of Service Anomaly		090			
High Volume Growth1 / CMS Fastest Gr	February 2008	090	7.63	NA	4.36
High Volume Growth1 / CMS Fastest Gr	February 2008	090	9.58	NA	5.01
Site of Service Anomaly (99238-Only)	September 2007	090	3.87	5.12	2.69
CMS High Expenditure Procedural Codes	February 2016	XXX	1.08	3.46	0.5
CMS High Expenditure Procedural Codes	July 2015	XXX	1.37	3.64	0.63
CMS High Expenditure Procedural Codes	February 2016				
Site of Service Anomaly	September 2007	090	6.08	NA	4.3
010-Day Global Post-Operative Visits	January 2014	010	9.28	NA	3.98
CMS Fastest Growing / 010-Day Global F	October 2008	010	14.70	NA	5.97
010-Day Global Post-Operative Visits	January 2014	010	16.86	NA	6.86
Pre-Time Analysis	January 2014	010	8.00	NA	4.68
Pre-Time Analysis	October 2014	000			
Pre-Time Analysis	October 2014	000			
Harvard Valued - Utilization over 30,000	April 2011	000	1.22	1.75	0.61
Emergent Procedures	October 2015	090	3.69	6.58	3.26
010-Day Global Post-Operative Visits	January 2014	010	1.19	3.18	1.8
010-Day Global Post-Operative Visits	January 2014	010	2.33	3.92	2.37
010-Day Global Post-Operative Visits	January 2014	010	1.30	4.23	2.54
Final Rule for 2015	July 2014	000			
Site of Service Anomaly	September 2007	090	9.63	NA	7.33
Site of Service Anomaly	September 2007	090	17.99	NA	10.11
Site of Service Anomaly	September 2007	090	20.87	NA	11.46
Site of Service Anomaly	September 2007	090	7.05	NA	4.48
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000	1.59	3.98	1.04
MPC List	September 2011	000	2.09	4.86	1.12
MPC List	September 2011	000	1.89	5.44	0.95
MPC List	September 2011	000	3.76	NA	1.63
MPC List	September 2011	000	3.78	NA	1.66

MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000	2.60	NA	1.22
MPC List	September 2011	000	2.40	1.55	1.1
MPC List	September 2011	000	2.90	6.85	1.25
MPC List	September 2011	000	2.80	NA	1.4
MPC List	September 2011	000	2.10	NA	1.01
MPC List	September 2011	000	2.34	NA	1.1
MPC List	September 2011	000	3.59	NA	1.55
MPC List	September 2011	000	3.76	NA	1.63
MPC List	September 2011	000			
MPC List	September 2011	000	3.19	NA	1.42
MPC List	September 2011	000	4.47	NA	1.96
MPC List		000			
MPC List	September 2011	000	2.01	5.23	0.91
MPC List / CMS High Expenditure Proced	October 2010	000	2.39	5.19	1.11
CMS Fastest Growing / MPC List	October 2008	000	2.92	6.47	1.33
MPC List	September 2011	000	3.98	NA	1.74
MPC List	September 2011	000	5.02	NA	2.11
MPC List	October 2010	000	2.87	5.79	1.29
MPC List	September 2011	000	6.85	NA	2.82
MPC List	September 2011	000	2.59	NA	1.18
CMS Fastest Growing / MPC List	October 2008	000	7.30	NA	2.98
MPC List	September 2011	000	4.56	NA	1.94
MPC List	September 2011	000	5.04	NA	2.14
MPC List	September 2011	000	3.18	NA	1.39
MPC List	September 2011	000	4.32	NA	1.8
MPC List	September 2011	000	3.38	NA	1.48
MPC List	September 2011	000	3.15	NA	1.43
MPC List	September 2011	000	2.90	NA	1.32
MPC List	September 2011	000	3.20	NA	1.4
MPC List	September 2011	000	3.69	NA	1.6
MPC List		000			
MPC List		000			
MPC List	September 2011	000	4.81	NA	2.05
MPC List	September 2011	000	4.34	NA	1.85
MPC List	September 2011	000	5.50	NA	2.16
MPC List	September 2011	000	4.54	NA	1.94
CMS Fastest Growing	October 2008	000	5.19	NA	2.17
MPC List	September 2011	000	5.95	NA	2.49
MPC List	September 2011	000	6.26	NA	2.61

MPC List	September 2011	000	7.38	NA	3.03
MPC List	September 2011	000	7.28	NA	3.02
Harvard Valued - Utilization over 30,000	April 2011	000	8.89	NA	3.61
MPC List	September 2011	000	10.00	NA	4.03
MPC List		000			
MPC List	September 2011	000	7.38	NA	3.01
Harvard Valued - Utilization over 30,000	April 2011	000	7.38	NA	3.15
MPC List	September 2011	000	8.20	NA	3.35
MPC List		000			
MPC List	September 2011	000	7.38	NA	3.03
MPC List	September 2011	000	7.38	NA	3.05
MPC List	September 2011	ZZZ			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000			
MPC List	September 2011	000	1.38	2.64	0.75
MPC List	September 2011	000	1.51	6.12	0.8
MPC List	September 2011	000	2.57	13.55	1.2
MPC List	September 2011	000	3.06	6.72	1.37
High Level E/M in Global Period	October 2015	090	27.63	NA	10.6
CMS Fastest Growing	October 2008	090	22.86	NA	8.6
CMS Fastest Growing	February 2008	090	31.79	NA	11.17
MPC List	September 2011	000	1.05	NA	0.6
MPC List	May 2013	000			
MPC List	September 2011	000	1.27	NA	0.67
MPC List	September 2011	000	2.94	NA	1.36
MPC List	May 2013	000			
MPC List	September 2011	000	1.82	3.73	0.79
MPC List	September 2011	000	2.12	6.66	0.93
MPC List	September 2011	000	2.82	5.34	1.21
MPC List	September 2011	000	3.13	6.73	1.35
MPC List	September 2011	000	3.82	7.32	1.57
MPC List	September 2011	000	4.31	8.78	1.83
MPC List	September 2011	000	3.81	6.78	1.55
MPC List	September 2011	000	4.83	7.14	1.91
MPC List	September 2011	000	4.42	7.97	1.81
MPC List	September 2011	000	4.70	NA	1.93
MPC List	September 2011	000			
MPC List	January 2014	000			
MPC List	January 2014	000			
MPC List	January 2014	000			
MPC List	January 2014	000			

MPC List	January 2014	000			
MPC List	January 2014	000			
MPC List	January 2014	000			
Codes Reported Together 75% or More-	January 2012	000	3.37	25.61	1.07
CMS Fastest Growing	October 2008	090	9.35	NA	4.11
Site of Service Anomaly	September 2007	090	12.48	NA	5.28
Site of Service Anomaly	September 2007	090			
Site of Service Anomaly	September 2007	090			
Harvard Valued - Utilization over 30,000	April 2011	000	0.96	2.33	0.53
MPC List	September 2011	000	1.15	3.11	0.64
MPC List	September 2011	000	1.79	5.15	0.86
MPC List	September 2011	000	1.79	5.06	0.85
MPC List	September 2011	000	2.73	NA	1.24
MPC List	September 2011	000	1.46	3.74	0.75
MPC List	September 2011	000	2.36	NA	1.06
MPC List	September 2011	000	2.34	5.37	1.07
MPC List	September 2011	000	3.14	4.03	1.38
MPC List	September 2011	000	1.89	7.18	0.89
MPC List	September 2011	000	2.60	NA	1.17
MPC List	September 2011	000	4.05	NA	1.71
MPC List	September 2011	000	2.92	NA	1.26
MPC List		000			
MPC List		000			
MPC List	January 2014	000			
MPC List	January 2014	000			
MPC List	September 2011	000	3.51	NA	1.43
CMS High Expenditure Procedural Codes	September 2011	000	3.69	6.2	1.57
MPC List	September 2011	000	4.68	7.78	1.92
MPC List	October 2010	000	4.43	7.33	1.87
CMS Fastest Growing / MPC List	October 2008	000	4.19	7.26	1.79
MPC List	September 2011	000	5.68	10.04	2.37
MPC List	September 2011	000	5.86	8.08	2.34
MPC List	September 2011	000	4.69	6.9	1.93
MPC List	October 2010	000	5.30	7.94	2.18
MPC List	September 2011	000	4.57	12.37	1.89
MPC List	September 2011	000	5.90	NA	2.49
MPC List	January 2014	000			
MPC List	January 2014	000			
MPC List	January 2014	000			
MPC List	September 2011	000	5.09	NA	2.13
MPC List	September 2011	000	6.54	NA	2.65
MPC List	January 2014	000			
MPC List	January 2014	000			
Site of Service Anomaly (99238-Only)	September 2007	090	3.48	4.46	3.08

010-Day Global Post-Operative Visits	January 2014	010	1.64	2.48	1.18
Codes Reported Together 75% or More-	January 2012	000	3.69	NA	1.17
090-Day Global Post-Operative Visits	January 2014	090	83.29	NA	30.59
090-Day Global Post-Operative Visits	April 2014	090	70.39	NA	26.2
CMS Request - Practice Expense Review	NA	010	15.19	NA	5.83
CMS Fastest Growing	October 2008	010	8.05	NA	5.32
Codes Reported Together 75% or More-	October 2012	000	1.96	NA	0.62
Codes Reported Together 75% or More-	October 2012	000	0.76	NA	0.24
Codes Reported Together 75% or More-	October 2012	090	7.94	NA	4.76
Codes Reported Together 75% or More-	October 2012	090	10.74	NA	4.87
High IWPUT	February 2008	000	5.55	14.8	2.67
Codes Reported Together 75% or More-	February 2015	090	5.96	32.56	3.53
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	000			
Codes Reported Together 75% or More-	February 2015	ZZZ			
Codes Reported Together 75% or More-	February 2015	ZZZ			
Codes Reported Together 75% or More-	February 2015	ZZZ			
CMS Request - Final Rule for 2014	July 2013	000	4.88	NA	1.57
CMS High Expenditure Procedural Codes	September 2011	090	11.63	NA	5.06
CMS High Expenditure Procedural Codes	September 2011	090	12.03	NA	5.24
CMS Request - Final Rule for 2012	September 2011	090	17.35	NA	6.4
CMS Request - Final Rule for 2012	September 2011	090	15.90	NA	6.47
Site of Service Anomaly (99238-Only)	September 2007	010	4.68	8.21	1.85
Codes Reported Together 75% or More-	January 2012	000	3.99	20.43	1.27
Codes Reported Together 75% or More-	January 2012	000	3.37	20.43	1.07
Codes Reported Together 75% or More-	January 2012	000	3.99	19.33	1.27
Codes Reported Together 75% or More-	January 2012	000	3.69	19.38	1.17
Harvard Valued - Utilization over 100,00	October 2009	000	1.35	3.63	0.45
Harvard Valued - Utilization over 100,00	February 2010	000	1.26	2.65	0.43
Harvard Valued - Utilization over 100,00	February 2010	000			
Harvard Valued - Utilization over 100,00	February 2010	000			
Harvard Valued - Utilization over 100,00	February 2010	000			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	000			
Codes Reported Together 75% or More-	January 2012	000			

Site of Service Anomaly		000			
Site of Service Anomaly	April 2008	000	2.22	NA	1.11
Site of Service Anomaly	September 2007	000	5.87	NA	3.15
Site of Service Anomaly - 2016	October 2016	010	6.26	NA	2.82
CMS High Expenditure Procedural Codes	September 2011	090	7.88	NA	3.78
Site of Service Anomaly	September 2007	090	9.97	NA	4.46
Site of Service Anomaly	September 2007	090	12.36	NA	5.18
Site of Service Anomaly	September 2007	090	7.96	NA	3.77
Site of Service Anomaly	June 2010	090			
Site of Service Anomaly	June 2010	090			
Site of Service Anomaly	June 2010	090			
Site of Service Anomaly	June 2010	090			
Codes Reported Together 75% or More-	January 2012	000	3.37	21.23	1.07
CMS Request - Practice Expense Review	NA	000	2.63	NA	1.24
Harvard-Valued Annual Allowed Charges Greater than $10 millio		090	40.45	NA	16.32
Codes Reported Together 75% or More-	October 2012	000	2.00	16.66	0.65
Codes Reported Together 75% or More-	October 2012	000	3.37	NA	1.46
Codes Reported Together 75% or More-	October 2012	000	4.15	NA	1.71
Codes Reported Together 75% or More-	October 2012	000	0.76	2.45	0.63
Codes Reported Together 75% or More-	October 2014	000	3.37	NA	1.47
Codes Reported Together 75% or More-	October 2012	000	1.46	15.06	0.51
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	000			
CMS Fastest Growing	October 2008	090	21.18	NA	8.93
CMS Fastest Growing	October 2008	090	25.26	NA	9.99
CMS High Expenditure Procedural Codes	September 2011	090	9.64	13.6	4.65
CMS Fastest Growing / CPT Assistant An	October 2008	090	16.66	NA	7.06
Codes Reported Together 75% or More-	October 2014	ZZZ			
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	000			
Codes Reported Together 75% or More-	October 2014	ZZZ			
Codes Reported Together 75% or More-	October 2014	ZZZ			
Site of Service Anomaly (99238-Only)	September 2007	090	4.43	NA	3.01
Site of Service Anomaly	September 2007	000			
CMS High Expenditure Procedural Codes	July 2015	000	0.88	1.58	0.3
CMS High Expenditure Procedural Codes	July 2015	000	0.50	1.45	0.21
CMS High Expenditure Procedural Codes	July 2015	000	0.50	1.94	0.27
CMS High Expenditure Procedural Codes	July 2015	000	1.47	2.62	0.63
CMS High Expenditure Procedural Codes	July 2015	000	1.50	1.72	0.71
Codes Reported Together 95% or More	February 2008	000	1.71	7.41	7.41

Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More	February 2009	000			
Codes Reported Together 95% or More		000			
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.61	0.67	0.67
Harvard Valued - Utilization over 100,00	October 2009	XXX	1.14	0.91	0.91
Codes Reported Together 95% or More J	February 2008	000	1.61	5.44	5.44
Codes Reported Together 75% or More-	October 2012	000	1.53	3.95	3.95
Codes Reported Together 75% or More-	October 2012	000	1.10	5.74	5.74
Codes Reported Together 95% or More	February 2008	000	1.53	7.15	7.15
Codes Reported Together 95% or More	February 2008	ZZZ	1.60	5.55	5.55
CMS High Expenditure Procedural Codes	July 2015	XXX	0.00	0.4	NA
MPC List / CMS High Expenditure Proced	October 2010	000	2.23	3.4	0.91
High Volume Growth1 / CPT Assistant Ar	June 2008	000	3.70	33.55	1.47
High Volume Growth1 / CPT Assistant Ar	February 2008	000	3.14	32.11	1.28
Harvard Valued - Utilization over 30,000	September 2011	000	4.62	NA	1.83
Harvard Valued - Utilization over 30,000	April 2011	000	5.44	NA	2.13
Harvard Valued - Utilization over 30,000	September 2011	000	9.71	NA	3.6
Harvard Valued - Utilization over 100,00	October 2009	000	2.80	6.65	1.21
Harvard Valued - Utilization over 100,00	October 2009	000	2.83	7.42	1.19
Site of Service Anomaly	April 2008	000	6.11	NA	2.44
Site of Service Anomaly	April 2008	000	6.61	NA	2.59
Site of Service Anomaly	April 2008	000	7.31	NA	2.84
Site of Service Anomaly	September 2007	000	7.81	NA	3.09
Site of Service Anomaly	April 2008	000	8.31	NA	3.27
Site of Service Anomaly	April 2008	000	9.34	NA	3.62
Harvard Valued - Utilization over 30,000	September 2011	000	5.85	NA	2.36
Harvard Valued - Utilization over 30,000	September 2011	000	6.87	NA	2.77
Harvard Valued - Utilization over 30,000	April 2011	000	7.96	NA	3.14
Harvard Valued - Utilization over 30,000	September 2011	000	7.33	NA	2.94
Harvard Valued - Utilization over 30,000	September 2011	000	8.81	NA	3.44
Codes Reported Together 75% or More-	January 2013	000			
Site of Service Anomaly	September 2007	090	10.06	NA	4.18
Site of Service Anomaly	September 2007	090	9.39	NA	4.52
Site of Service Anomaly - 2015	October 2015	090	15.13	NA	5.99
Site of Service Anomaly	September 2007	090	6.89	NA	3.35
High Volume Growth1	February 2008	090	12.00	66.1	5.44
Site of Service Anomaly	September 2007	090	15.21	NA	7.55
CMS High Expenditure Procedural Codes	September 2011	090	9.98	82.87	4.46
Site of Service Anomaly	September 2007	090	14.39	NA	6.51
Site of Service Anomaly	September 2007	090	16.48	NA	7.35
Site of Service Anomaly (99238-Only)	September 2007	090	5.25	NA	3.03
Site of Service Anomaly	September 2007	090	9.31	NA	4.72
CMS High Expenditure Procedural Codes	July 2015	000	2.58	4.08	0.82
010-Day Global Post-Operative Visits	January 2014	010			

CMS Request - Final Rule for 2014	October 2013	090	24.45	NA	10.19
CMS Request - Final Rule for 2014	October 2013	090	26.31	NA	10.83
CMS Request - Final Rule for 2014	July 2013	090	30.52	NA	12.01
New Technology / CMS Fastest Growing	September 2007	090	32.25	NA	12.87
CMS Request - Practice Expense Review	September 2007	090	20.25	NA	9.59
Site of Service Anomaly (99238-Only)	September 2007	010	3.03	2.5	1.79
Site of Service Anomaly	September 2007	090	8.44	NA	4.7
Site of Service Anomaly / Different Perfo	September 2007	000	6.79	NA	4.3
Site of Service Anomaly	September 2007	000			
Site of Service Anomaly - 2015	October 2015	090	11.42	NA	4.22
Site of Service Anomaly - 2015	April 2016	090	11.42	NA	3.93
Site of Service Anomaly - 2015	April 2016	090	14.36	NA	5.08
Site of Service Anomaly - 2015	April 2016	090	15.86	NA	6.1
Site of Service Anomaly	September 2007	090	11.49	NA	5.73
New Technology	September 2007	090	14.01	NA	6.21
CMS Request - Practice Expense Review	NA	000	3.33	2.32	1.47
CMS Request - Practice Expense Review	NA	000	4.74	2.52	2.05
CMS High Expenditure Procedural Codes	July 2015	000	6.16	NA	2.56
CMS High Expenditure Procedural Codes	July 2015	000	6.99	NA	2.88
CMS High Expenditure Procedural Codes	July 2015	000	9.99	NA	4
CMS Request - Practice Expense Review	NA	000	5.20	2.63	2.21
CMS Request - Practice Expense Review	NA	000	6.16	51.38	2.58
Site of Service Anomaly (99238-Only)	September 2007	090	11.54	NA	5.07
Site of Service Anomaly (99238-Only)	September 2007	010	11.30	NA	4.84
Codes Reported Together 75% or More-	January 2012	000	3.37	20.75	1.08
High IWPUT	February 2008	MMM	26.80	NA	15.06
High IWPUT	February 2008	MMM	13.48	NA	4.91
High IWPUT	February 2008	MMM	15.29	NA	5.96
High IWPUT	April 2008	MMM	1.71	NA	0.77
High IWPUT	April 2008	MMM	1.61	NA	0.59
High IWPUT	April 2008	MMM	6.22	4.21	1.81
High IWPUT	April 2008	MMM	11.04	7.6	3.17
High IWPUT	April 2008	MMM	2.13	1.19	0.88
High IWPUT	February 2008	MMM	30.34	NA	16.92
High IWPUT		MMM	15.95	NA	5.78
High IWPUT	April 2008	MMM	18.26	NA	7.43
High IWPUT	April 2008	MMM	28.21	NA	15.52
High IWPUT	April 2008	MMM	15.04	NA	5.6
High IWPUT	April 2008	MMM	16.59	NA	6.49
High IWPUT	April 2008	MMM	31.78	NA	17.74
High IWPUT	April 2008	MMM	17.50	NA	6.27
High IWPUT	April 2008	MMM	19.70	NA	8.14
Site of Service Anomaly	September 2007	090	12.29	NA	5.96
Site of Service Anomaly	September 2007	090	14.67	NA	7.22

CMS Request to Re-Review Families of R	November 2011	090	17.07	NA	7.95
CMS Request to Re-Review Families of R	November 2011	090	19.11	NA	9.22
CMS Request to Re-Review Families of R	November 2011	090	23.37	NA	10.89
Codes Reported Together 75% or More-	January 2014	000	2.10	NA	1.37
CMS Fastest Growing	October 2009	ZZZ			
CMS Fastest Growing	October 2009	ZZZ			
CMS Fastest Growing	October 2009	ZZZ			
CMS Fastest Growing, Site of Service An	September 2007	090	17.75	NA	10.08
CMS Fastest Growing	October 2008	ZZZ	4.03	NA	1.87
CMS Request - 2009 Final Rule	NA	090			
CMS Request - 2009 Final Rule	NA	ZZZ			
CMS Request - 2009 Final Rule	NA	090			
CMS Request - 2009 Final Rule	NA	ZZZ			
CMS Fastest Growing, Site of Service Anomaly (99238-Only)		ZZZ			
Site of Service Anomaly	September 2007	090	7.37	NA	5.85
Site of Service Anomaly	September 2007	010	6.41	11.78	3.11
Site of Service Anomaly (99238-Only)	September 2007	010	2.66	5.16	0.89
Codes Reported Together 75% or More-	October 2012	000	1.54	4.62	0.67
Site of Service Anomaly (99238-Only)	September 2007	090	8.88	NA	5.18
Different Performing Specialty from Sur	October 2009	000	3.00	6.43	1.31
Codes Reported Together 75% or More-	October 2012	000			
Codes Reported Together 75% or More-	October 2012	000			
Codes Reported Together 75% or More-	October 2012	000			
Codes Reported Together 75% or More-	October 2012	000			
CMS High Expenditure Procedural Codes	January 2012	000	1.91	4.35	0.63
CMS High Expenditure Procedural Codes	September 2011	000	1.54	4.35	0.58
CMS High Expenditure Procedural Codes	January 2012	000	2.04	5.09	0.61
CMS High Expenditure Procedural Codes	January 2012	000	1.87	4.45	0.58
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Final Rule for 2015	May 2015				
Site of Service Anomaly	September 2007	010	8.04	NA	4
Site of Service Anomaly	September 2007	010	6.60	NA	3.27
Site of Service Anomaly	April 2008	010	3.68	NA	2.87
Site of Service Anomaly	April 2008	010	6.59	NA	3.94
Site of Service Anomaly	September 2007	010	8.58	NA	4.46
Site of Service Anomaly	September 2007	010	6.57	NA	3.65
Different Performing Specialty from Sur	October 2009	XXX	0.48	0.56	0.1
Different Performing Specialty from Sur	October 2009	XXX	0.75	0.67	0.17

Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Pre-Time Analysis	January 2014	090	13.03	NA	8.5
Pre-Time Analysis	January 2014	090	18.61	NA	11.2
CMS Request - Final Rule for 2014	November 2013	090	17.82	NA	10.4
CMS Request - Final Rule for 2014	November 2013	090	17.12	NA	10.13
CMS High Expenditure Procedural Codes	September 2011	090	15.22	NA	9.79
CMS High Expenditure Procedural Codes	January 2012	ZZZ	3.47	NA	1.58
CMS Fastest Growing / CPT Assistant An	October 2008	090	21.73	NA	12.31
Codes Reported Together 95% or More	February 2008	090	19.47	NA	11.87
Codes Reported Together 95% or More		ZZZ	4.04	NA	1.93
Codes Reported Together 75% or More-	January 2015	090	30.78	NA	15.58
CMS Request - 2009 Final Rule	NA	090			
CMS Request - 2009 Final Rule	NA	ZZZ			
Site of Service Anomaly / CMS Fastest G	September 2007	010	7.57	NA	3.11
CMS Fastest Growing	October 2008	090	11.43	NA	7.15
Site of Service Anomaly / CMS Fastest G	September 2007	090	6.87	NA	3.54
Site of Service Anomaly / CMS Fastest Growing		010			
Site of Service Anomaly / CMS Fastest Growing		090			
Site of Service Anomaly / CMS Fastest Growing		010			
Site of Service Anomaly / CMS Fastest Growing		090			
Site of Service Anomaly / CMS Fastest G	September 2007	010	7.87	NA	4.03
Site of Service Anomaly	September 2007	010	6.10	NA	3.56
High Volume Growth2	April 2013	000	1.18	2.5	0.46
CMS Fastest Growing	October 2008	000	1.48	2.47	0.43
Site of Service Anomaly / High Volume G	September 2007	000	3.85	NA	0.74
Harvard Valued - Utilization over 30,000	October 2015	000	1.32	2.43	0.46
CMS Fastest Growing	October 2008	000	1.48	2.42	0.51
Site of Service Anomaly / High Volume G	February 2008	000	3.61	NA	0.9
CMS Fastest Growing	October 2008	000	1.50	NA	0.38
Site of Service Anomaly / High Volume G	February 2008	000	3.36	NA	0.73
Site of Service Anomaly	September 2007	000	3.24	NA	0.84
Harvard Valued - Utilization over 100,00	October 2009	000	1.27	1.25	0.49
High Volume Growth4	October 2016	000			
High Volume Growth1	April 2008	000	1.85	6.37	0.71
High Volume Growth1	February 2008	ZZZ	1.29	2.05	0.34
High Volume Growth1	April 2008	000	1.41	6.07	0.62
High Volume Growth1	April 2008	ZZZ	0.98	1.86	0.24
CMS Fastest Growing	October 2008	000	2.20	6.55	0.87
CMS Fastest Growing	October 2008	ZZZ	1.54	2.5	0.45
CMS Fastest Growing	October 2008	000	1.90	6.86	0.81
CMS Fastest Growing	October 2008	ZZZ	1.33	2.86	0.36
High Volume Growth1		000			
High Volume Growth1		ZZZ			

High Volume Growth1		ZZZ			
High Volume Growth1		000			
High Volume Growth1		ZZZ			
High Volume Growth1		ZZZ			
CMS Request - Practice Expense Review	April 2009	000	1.22	3.06	0.49
CMS Request - Practice Expense Review	April 2009	000	1.35	4.5	0.54
Final Rule for 2015	January 2017	000	0.18	0.26	0.05
Final Rule for 2015	July 2014	010	2.33	2.75	1.73
High Volume Growth1 / CMS Fastest Gr	February 2008	010	2.29	2.96	1.23
CMS Fastest Growing / High Volume Gr	October 2008	010	7.07	27.51	3.05
Final Rule for 2015	January 2017	010	1.78	3.08	1.27
CMS Request - Final Rule for 2014	July 2013	000			
Site of Service Anomaly		090			
Site of Service Anomaly	September 2007	090	8.15	NA	5.31
Site of Service Anomaly / High Level E/M	September 2007	090	14.15	NA	5.73
Harvard-Valued Annual Allowed Charges	October 2012	010	2.42	6.95	2.33
CMS Request - Practice Expense Review,	April 2008	010	3.02	6.82	1.34
High Volume Growth1, Harvard Valued -	February 2008	ZZZ	0.99	2.62	0.22
CMS Request - Practice Expense Review,	April 2008	010	3.82	6.99	1.93
High Volume Growth1/ CMS Fastest Gr	April 2008	ZZZ	1.16	3.98	0.26
Work Neutrality Review	September 2014	010			
Work Neutrality Review	September 2014	ZZZ			
Work Neutrality Review	September 2014	010			
Work Neutrality Review	September 2014	ZZZ			
Site of Service Anomaly (99238-Only) / H	September 2007	010	2.78	3.75	1.75
Site of Service Anomaly	September 2007	090	6.22	NA	4.73
Site of Service Anomaly	September 2007	090	7.98	NA	4.86
Site of Service Anomaly	September 2007	090	10.23	NA	7
Site of Service Anomaly (99238-Only)	September 2007	090	9.70	NA	10.13
Harvard Valued - Utilization over 30,000	April 2011	000	0.93	0.87	0.4
Site of Service Anomaly	September 2007	090	14.43	NA	9.12
CMS Fastest Growing / 090-Day Global P	October 2008	090	10.43	NA	10.04
Harvard Valued - Utilization over 30,000	September 2011	000	1.91	1.71	1.16
Harvard Valued - Utilization over 30,000	April 2011	000	1.91	2.07	1.16
010-Day Global Post-Operative Visits	January 2014	010	3.90	4.14	3.01
090-Day Global Post-Operative Visits	January 2014	090	14.57	NA	12.17
090-Day Global Post-Operative Visits	January 2014	090	18.26	NA	15.21
Harvard-Valued Annual Allowed Charges	January 2014	090			
Harvard-Valued Annual Allowed Charges	October 2012	090	16.02	NA	10.62
Harvard-Valued Annual Allowed Charges	January 2014	090			
Harvard-Valued Annual Allowed Charges	January 2014	090			
Harvard-Valued Annual Allowed Charges	October 2012	090	9.35	NA	7.37
High IWPUT / 010-Day Global Post-Oper	February 2008	010	4.87	5.49	4.32
MPC List	October 2010	090	3.32	4.05	3.6

High IWPUT / CMS Fastest Growing, Site	September 2007	090	14.83	NA	9.75
High IWPUT / MPC List	February 2008	090	10.36	NA	7.24
High Volume Growth1 / CMS Fastest Gro	February 2008	000	2.52	2.59	1.42
Harvard-Valued Annual Allowed Charges	October 2012	090	13.09	NA	8.96
Site of Service Anomaly	September 2007	090	23.30	NA	15.16
Site of Service Anomaly (99238-Only) / H	September 2007	090	16.39	NA	11.94
Site of Service Anomaly (99238-Only) / H	September 2007	090	19.23	NA	13.41
Harvard-Valued Annual Allowed Charges	October 2012	090			
Harvard-Valued Annual Allowed Charges	October 2012	090			
Harvard-Valued Annual Allowed Charges	October 2012	090			
090-Day Global Post-Operative Visits	April 2015	090	8.60	9.04	6.51
090-Day Global Post-Operative Visits	April 2015	090	8.35	7.99	6.13
Site of Service Anomaly (99238-Only) / 0	September 2007	090	16.35	NA	11.19
Site of Service Anomaly (99238-Only) / 0	September 2007	090	22.49	NA	14.22
Site of Service Anomaly (99238-Only) / 0	September 2007	090	10.02	9.99	7.37
090-Day Global Post-Operative Visits	April 2014	090	18.45	NA	11.71
090-Day Global Post-Operative Visits	January 2014	090			
High IWPUT	February 2008	090	9.35	6.48	5.84
High IWPUT	February 2008	090	14.19	10.23	8.9
New Technology	September 2007	ZZZ	0.47	0.25	0.2
High IWPUT	February 2008	090	13.67	11.2	8.43
Harvard-Valued Annual Allowed Charges	January 2014	090	9.97	NA	9.61
CMS High Expenditure Procedural Codes	July 2015	000	0.71	0.57	0.54
Harvard-Valued Annual Allowed Charges	October 2012	090	3.70	5.98	2.99
Harvard-Valued Annual Allowed Charges	October 2012	090	3.21	5.62	2.75
Harvard-Valued Annual Allowed Charges	October 2012	090	5.37	7.68	4.65
Harvard-Valued Annual Allowed Charges	October 2012	090	6.08	8.08	4.95
Harvard-Valued Annual Allowed Charges	October 2012	090	3.42	5.83	2.84
Harvard-Valued Annual Allowed Charges	October 2012	090	3.09	5.55	2.7
Harvard-Valued Annual Allowed Charges	October 2012	090	5.94	7.76	4.86
Harvard-Valued Annual Allowed Charges	October 2012	090	5.84	8.48	4.57
High Volume Growth1	February 2008	000	0.85	0.69	0.42
Harvard Valued - Utilization over 30,000	April 2011	000	0.49	0.52	0.32
010-Day Global Post-Operative Visits	January 2014	010	0.96	1.91	1.48
Site of Service Anomaly / 010-Day Globa	September 2007	010	2.63	3.62	2.7
010-Day Global Post-Operative Visits	September 2014	010	2.39	NA	2.36
010-Day Global Post-Operative Visits	January 2014	010	3.24	7.82	2.74
010-Day Global Post-Operative Visits	September 2014	010			
CMS Fastest Growing	October 2008	000	0.81	1.75	0.4
Harvard Valued - Utilization over 30,000	April 2011	000	0.77	2.29	0.56
CMS High Expenditure Procedural Codes	September 2011	000	0.61	0.61	0.21
High Volume Growth2	October 2013	000	0.83	2.27	0.66
High Volume Growth2	April 2013	000	0.63	1.3	0.63
High Volume Growth2	October 2013	010	2.65	3.48	2.19

Harvard Valued - Utilization over 30,000	April 2011	010	1.54	3.09	1.6
CMS Fastest Growing / Site of Service A	September 2007	000	8.61	NA	9.31
CMS Fastest Growing / Site of Service Anomaly (99238-Only)		090	13.39	NA	11.91
Site of Service Anomaly	September 2007	090	17.60	NA	14.06
High Volume Growth2	April 2013	XXX	0.18	0.59	NA
High Volume Growth2	April 2013	XXX	0.16	0.58	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.84	2.14	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.44	1.83	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.85	4.91	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	1.13	6.06	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	1.27	7.49	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	1.14	5.42	NA
CMS-Other - Utilization over 250,000	April 2014	XXX	1.30	6.55	NA
CMS-Other - Utilization over 250,000	April 2014	XXX	1.42	8.11	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.28	5.39	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.38	6.48	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.45	8.04	NA
High Volume Growth1 / CMS Fastest Gr	February 2008	XXX	1.75	12.43	NA
High Volume Growth1 / CMS Fastest Gr	February 2008	XXX	1.75	12.45	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.35	12.11	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.62	14.09	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	2.15	23.65	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.20	12.46	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.20	12.44	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.80	22.97	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.20	12.45	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.20	12.65	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.80	22.96	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	1.48	12.2	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	1.78	14.22	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	2.36	23.53	NA
Low Value-High Volume / CMS High Exp	October 2010	XXX	0.18	0.5	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.21	0.58	NA
MPC List / CMS High Expenditure Proced	October 2010	XXX	0.22	0.66	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.27	0.79	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.31	0.84	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.38	1.06	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.31	0.88	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.46	1.69	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.18	0.62	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	NA
CMS High Expenditure Procedural Codes	February 2016				
CMS High Expenditure Procedural Codes	February 2016				
CMS High Expenditure Procedural Codes	February 2016				

CMS High Expenditure Procedural Codes	February 2016				
CMS-Other - Utilization over 250,000 / C	April 2013	XXX	0.22	0.63	NA
CMS-Other - Utilization over 250,000-Pa	October 2015	XXX	0.27	0.75	NA
CMS-Other - Utilization over 250,000-Pa	October 2015	XXX	0.27	0.84	NA
CMS-Other - Utilization over 250,000-Pa	October 2015	XXX	0.32	1	NA
CMS Fastest Growing / CMS High Expend	October 2008	XXX	1.16	6.24	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.24	7.5	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.38	9.36	NA
CMS Fastest Growing / MPC List	October 2008	XXX	1.92	12.53	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.15	0.46	NA
Low Value-High Volume / CMS-Other - U	October 2010	XXX	0.22	0.69	NA
Low Value-High Volume / CMS-Other - U	October 2010	XXX	0.31	1	NA
Low Value-High Volume	October 2010	XXX	0.36	1.27	NA
CMS-Other - Utilization over 250,000 / C	April 2013	XXX	0.22	0.69	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.22	0.78	NA
CMS-Other - Utilization over 100,000	October 2016				
CMS-Other - Utilization over 100,000	October 2016				
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.22	0.75	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.31	1.03	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.36	1.36	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.22	0.98	NA
CMS Fastest Growing	October 2008	XXX	1.16	6.24	NA
CMS Fastest Growing	February 2009	XXX	1.22	7.49	NA
CMS Fastest Growing	February 2009	XXX	1.27	9.3	NA
CMS Fastest Growing	October 2008	XXX	1.16	6.24	NA
CMS Fastest Growing	February 2009	XXX	1.22	7.49	NA
CMS Fastest Growing	February 2009	XXX	1.27	9.29	NA
CMS Fastest Growing	February 2009	XXX	1.16	6.24	NA
CMS Fastest Growing	February 2009	XXX	1.22	7.49	NA
CMS Fastest Growing	February 2009	XXX	1.27	9.34	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	1.60	11.76	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	1.92	14.26	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	1.60	12.69	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	1.92	13.76	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	1.48	12.66	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	1.78	14.23	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	2.57	23.52	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	2.57	23.12	NA
CMS High Expenditure Procedural Codes	April 2013	XXX	2.36	23.45	NA
Low Value-High Volume / Codes Reporte	October 2010	XXX	0.17	0.56	NA
High Volume Growth1 / CMS Fastest Gro	February 2008	XXX	1.81	12.15	NA
Codes Reported Together 95% or More /	October 2008	XXX	1.09	6.12	NA
Codes Reported Together 95% or More /	October 2008	XXX	1.16	7.2	NA
Codes Reported Together 95% or More /	February 2008	XXX	1.22	9.06	NA

CMS High Expenditure Procedural Codes	July 2015	XXX	1.46	12.19	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.73	14.18	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	2.26	23.71	NA
CMS-Other - Utilization over 100,000	October 2016				
CMS-Other - Utilization over 100,000	October 2016				
CMS-Other - Utilization over 100,000	April 2016	XXX	0.17	0.61	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.91	4.37	NA
Codes Reported Together 75% or More-	October 2013	XXX	0.91	3.98	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.83	3.83	NA
Codes Reported Together 75% or More-	October 2012	XXX	1.33	5.81	NA
Different Performing Specialty from Sur	October 2009	XXX	0.76	2.15	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.00	0	0
Codes Reported Together 75% or More-	October 2012	XXX	0.00	0	0
Low Value-High Volume	October 2010	XXX	0.18	0.61	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	0.17	0.61	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.15	0.56	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.17	0.66	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	0.56	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.16	0.55	NA
Low Value-High Volume / CMS High Exp	October 2010	XXX	0.17	0.63	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.16	0.54	NA
Low Value-High Volume / CMS High Exp	October 2010	XXX	0.17	0.6	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.13	0.51	NA
CMS Fastest Growing	October 2008	XXX	1.09	5.5	NA
CMS Fastest Growing	February 2009	XXX	1.16	6.58	NA
CMS Fastest Growing	February 2009	XXX	1.22	8.38	NA
CMS Request - Final Rule for 2013	May 2013	XXX	1.81	11.22	NA
CMS Fastest Growing	October 2008	XXX	1.35	12.24	NA
CMS Fastest Growing / CMS High Expen	October 2008	XXX	1.35	11.98	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.17	0.52	NA
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.21	0.67	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	0.26	0.76	NA
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX	0.20	0.68	NA
Different Performing Specialty from Sur	October 2009	XXX	0.59	1.98	NA
CMS-Other - Utilization over 500,000	April 2011	XXX	0.17	0.61	NA
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Low Value-High Volume	October 2010	XXX	0.17	0.58	NA

Low Value-High Volume	October 2010	XXX	0.18	0.65	NA
Low Value-High Volume	October 2010	XXX	0.22	0.73	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	0.17	0.57	NA
High Volume Growth1 / CMS Fastest Gr	February 2008	XXX	0.54	2.67	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	0.17	0.57	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	0.54	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.17	0.61	NA
Low Value-High Volume	October 2010	XXX	0.16	0.54	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.17	0.6	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	0.53	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.13	0.5	NA
CMS Fastest Growing	October 2008	XXX	1.09	5.5	NA
High Volume Growth1	February 2009	XXX	1.16	6.6	NA
High Volume Growth1	February 2009	XXX	1.22	8.4	NA
High Volume Growth1	February 2008	XXX	1.90	11.61	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.35	12.14	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.62	14.12	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	2.15	23.7	NA
MPC List	October 2010	XXX	1.35	12.05	NA
Low Value-High Volume / CMS High Exp	October 2010	XXX	0.18	0.55	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.23	0.68	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.27	0.72	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.32	0.85	NA
CMS High Expenditure Procedural Codes	February 2016				
CMS High Expenditure Procedural Codes	February 2016				
CMS High Expenditure Procedural Codes	February 2016				
Codes Reported Together 95% or More	February 2008	XXX	1.19	5.97	NA
Codes Reported Together 95% or More	February 2008	XXX	1.27	7.53	NA
Codes Reported Together 95% or More	February 2008	XXX	1.40	9.6	NA
Codes Reported Together 75% or More-Part1 / CMS Request - F		XXX			
CMS Fastest Growing / Codes Reported	October 2008	XXX	1.90	12.39	NA
CMS Fastest Growing	October 2009	XXX			
CMS Fastest Growing / CMS Request - Fi	October 2009	XXX			
CMS Fastest Growing	October 2009	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX	1.46	11.71	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.73	14.63	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	2.26	23.72	NA
CMS-Other - Utilization over 100,000	October 2016	XXX	0.36	1.4	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.46	1.48	NA
CMS-Other - Utilization over 250,000 / C	April 2013	XXX	0.53	1.57	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.69	2.18	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.99	3.07	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.54	3	NA

Codes Reported Together 75% or More-	February 2015	XXX	0.70	2.19	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.49	2	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.54	3.69	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.54	3.69	NA
CMS Request - Final Rule for 2013	May 2013	XXX			
High Volume Growth1 / CMS High Exper	February 2008	XXX	2.40	15.56	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.49	10.66	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.66	11.08	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.66	10.96	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.14	10.72	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.31	10.96	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.14	10.7	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.49	11.15	NA
Codes Reported Together 95% or More	February 2008	XXX	1.84	2.2	NA
Codes Reported Together 95% or More		XXX			
CMS Request - Practice Expense Review	NA	XXX	1.44	10.54	NA
CMS Request - Practice Expense Review	NA	XXX	1.44	10.6	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	NA
Final Rule for 2015	July 2014	XXX	0.00	NA	NA
Final Rule for 2015	July 2014	ZZZ	0.00	0	0
Codes Reported Together 75%or More-F	October 2015	XXX	0.00	0	0
Codes Reported Together 75%or More-F	October 2015	XXX	0.00	0	0
Codes Reported Together 75%or More-F	January 2017	XXX	0.00	0	0
High Volume Growth1 / Codes Reported Together 75% or More-		XXX	0.00	NA	NA
Codes Reported Together 75% or More-	February 2010	XXX	4.24	9.99	NA
High Volume Growth1 / Codes Reported	April 2010	XXX	0.54	12.8	NA
High Volume Growth1		ZZZ	0.36	6.96	6.96
Codes Reported Together 75% or More-	January 2015	XXX	1.31	13.18	NA
Codes Reported Together 75% or More-	January 2015	ZZZ	0.36	6.99	6.99
CMS-Other - Utilization over 250,000 / C	April 2013	XXX	0.54	12.72	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.00	NA	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.00	0	0
Codes Reported Together 75% or More-	October 2012	XXX	0.72	2.18	NA
High Volume Growth1	February 2008	XXX	0.00	NA	NA
High Volume Growth1	February 2008	ZZZ	0.00	0	0
High Volume Growth1	April 2008	XXX	0.00	0	0
High Volume Growth1	April 2008	XXX	0.00	0	0
High Volume Growth1	April 2008	ZZZ	0.00	0	0
Low Value-Billed in Multiple Units / CMS	October 2010	XXX	0.17	1.68	NA

CMS-Other - Utilization over 100,000	October 2016				
CMS Request - Practice Expense Review	April 2009	XXX	0.58	1.93	NA
CMS Request - Practice Expense Review	April 2009	XXX	0.58	2.5	NA
CMS Request - Practice Expense Review	April 2009	XXX	0.58	3.35	NA
CMS High Expenditure Procedural Codes	April 2016	XXX	1.55	2.73	NA
CMS High Expenditure Procedural Codes	April 2016	XXX	0.94	2.17	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.94	1.97	NA
High Volume Growth1	February 2008	XXX	0.66	1.75	NA
CMS High Expenditure Procedural Codes	April 2016	XXX	0.54	1.39	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.54	1.49	NA
CMS Fastest Growing	October 2008	XXX	0.56	1.83	NA
CMS-Other - Utilization over 500,000	January 2014	XXX			
CMS-Other - Utilization over 500,000	January 2014	XXX			
CMS-Other - Utilization over 500,000	April 2011	XXX	0.54	1.41	NA
MPC List	October 2010	XXX	0.81	2.39	NA
CMS-Other - Utilization over 500,000	April 2011	XXX	0.59	1.77	NA
Final Rule for 2015	May 2015				
CMS-Other - Utilization over 500,000	April 2011	XXX	0.74	2.36	NA
CMS-Other - Utilization over 500,000	April 2011	XXX	0.58	1.81	NA
High Volume Growth2	April 2013	XXX	0.77	1.81	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	0.69	1.97	NA
CMS-Other - Utilization over 500,000	April 2011	XXX	0.69	1.99	NA
CMS-Other - Utilization over 250,000	April 2013	XXX	0.38	1.99	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.64	1.97	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	0.69	2.52	NA
CMS Fastest Growing	October 2008	XXX	0.59	1.97	NA
CMS Fastest Growing / New Technology	April 2010	XXX			
CMS Fastest Growing / New Technology	April 2010	XXX			
CMS Request - Final Rule for 2014	July 2013	XXX	0.67	1.85	NA
CMS Request - Final Rule for 2014	July 2013	YYY	0.00	NA	NA
CMS Request - Final Rule for 2014	July 2013	XXX	1.99	6.67	NA
CMS Request - Final Rule for 2014	July 2013	YYY	0.00	NA	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.67	3.43	NA
CMS Request - Final Rule for 2014	July 2013	XXX	0.38	1.34	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.58	1.43	NA
CMS Request - Final Rule for 2014	July 2013	XXX	1.34	4.8	NA
High Volume Growth1	February 2008	XXX	0.40	1.41	NA
MPC List / CMS Request - Final Rule for 2	January 2012	ZZZ	0.38	1.73	NA
MPC List / CMS Request - Final Rule for 2	January 2012	XXX	0.54	1.4	NA
MPC List / CMS Request - Final Rule for 2	October 2010	XXX	0.60	1.28	NA
CMS Request - Practice Expense Review		XXX	1.21	11.38	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	1.16	7.02	NA
CMS Request - Practice Expense Review	October 2010	XXX	0.85	3.53	NA
Codes Reported Together 75% or More-	January 2012	XXX	1.59	6.19	NA

Codes Reported Together 75% or More-	January 2012	XXX	0.56	1.26	NA
CMS-Other - Utilization over 250,000 /	Final Rule for 2015	ZZZ	0.06	0.38	0.38
Low Value-High Volume	October 2010	ZZZ	0.06	0.38	0.38
CMS-Other - Utilization over 250,000 / F	January 2014	XXX	0.70	1.34	NA
CMS-Other - Utilization over 250,000 / F	January 2014	XXX	0.87	1.68	NA
CMS-Other - Utilization over 250,000 / F	January 2014	XXX	0.70	1.43	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.63	18.76	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.63	23.46	NA
Final Rule for 2015	October 2015	XXX			
Final Rule for 2015	October 2015	XXX			
Final Rule for 2015	October 2015	XXX			
Different Performing Specialty from Surv	October 2009	XXX	0.22	2.45	NA
CMS Request - Final Rule for 2012 / Cod	September 2011	XXX	0.20	2.59	NA
CMS Request - Final Rule for 2012 / Cod	September 2011	XXX	0.17	0.71	NA
Different Performing Specialty from Surv	October 2009	XXX	0.20	0.71	NA
Codes Reported Together 75% or More-Part2		XXX			
Codes Reported Together 75% or More-Part2		XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX	1.39	0.51	0.51
CMS High Expenditure Procedural Codes	July 2015	XXX	2.11	0.74	0.74
CMS High Expenditure Procedural Codes	July 2015	XXX	3.14	1.1	1.1
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.70	3.89	NA
Harvard Valued - Utilization over 30,000	September 2011	XXX	1.05	6.45	NA
MPC List / Harvard Valued - Utilization o	October 2010	XXX	1.56	8.63	NA
Harvard Valued - Utilization over 30,000		ZZZ			
Harvard Valued - Utilization over 30,000	September 2011	XXX	4.56	23.92	NA
MPC List / Codes Reported Together 75%	October 2010	XXX	0.62	1.45	NA
CMS Fastest Growing / CMS Request - P	October 2008	XXX	7.99	37.25	NA
Codes Reported Together 75% or More-	October 2010	XXX	0.70	1.79	NA
Codes Reported Together 75% or More-	October 2010	XXX			
Codes Reported Together 75% or More-	October 2010	XXX			
Codes Reported Together 75% or More-	October 2010	XXX	1.05	2.32	NA
Codes Reported Together 75% or More-	October 2010	XXX	1.56	2.9	NA
Codes Reported Together 75% or More-	October 2012	XXX			
Codes Reported Together 75% or More-	October 2012	XXX			
Codes Reported Together 75% or More-	October 2012	XXX			
Codes Reported Together 75% or More-	October 2012	XXX	0.93	2.75	NA
Codes Reported Together 75% or More-	October 2010	XXX	1.39	3.97	NA
Codes Reported Together 75% or More-	October 2012	XXX	2.09	5.54	NA
CMS High Expenditure Procedural Codes	April 2015	XXX	0.54	1.53	NA
CMS High Expenditure Procedural Codes	April 2015	XXX	0.84	1.75	NA
MPC List / RUC request / CMS High Expe	October 2010	XXX	1.24	3.43	NA
CMS Request - Final Rule for 2013	October 2012	XXX	0.00	2.52	NA
Services with Stand-Alone PE Procedure	October 2012	XXX			
CMS Request - Practice Expense Review	NA	XXX	0.00	30.25	NA

Services with Stand-Alone PE Procedure Time		XXX	0.00	22.93	NA
Services with Stand-Alone PE Procedure	July 2012	XXX	0.00	42.87	NA
Services with Stand-Alone PE Procedure	January 2014	XXX			
Services with Stand-Alone PE Procedure	January 2014	XXX			
Services with Stand-Alone PE Procedure	January 2014	XXX			
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	2.37	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	2.27	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	2.38	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	2.38	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	2.93	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	2.87	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	3.02	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	3.01	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	3.46	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	3.46	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	3.68	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.00	3.68	NA
CMS Fastest Growing / Services with Sta	October 2008	XXX	0.00	16.8	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.39	3.11	NA
CMS Request - Final Rule for 2015	November 2014	XXX	0.00	4.58	NA
CMS Request - Final Rule for 2015	November 2014	XXX	0.00	3.84	NA
Site of Service Anomaly / High Level E/M	September 2007	XXX	3.70	1.15	1.15
High Volume Growth4	October 2016	XXX	13.00	4.63	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	2.09	9.35	NA
High Volume Growth4	October 2016	XXX	0.00	0	0
Services with Stand-Alone PE Procedure	October 2012	XXX	1.56	5.09	NA
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	October 2014	XXX			
Codes Reported Together 75% or More-	February 2015	090	4.67	4.23	4.23
Codes Reported Together 75% or More-	February 2015	090	7.49	6.92	6.92
Codes Reported Together 75% or More-	October 2012	000	11.23	9.38	9.38
CMS Fastest Growing	October 2008	XXX	1.21	16.73	NA
High Volume Growth1 / CMS Fastest Gr	February 2008	XXX	2.04	18.94	NA
CMS Fastest Growing	February 2008	XXX	5.15	28.04	NA
High Volume Growth1 / CMS Fastest Growing/CMS Request - Pr		XXX			
High Volume Growth1 / CMS Fastest Growing/CMS Request - Pr		XXX			
High Volume Growth1 / CMS Fastest Gr	October 2012	XXX			
Codes Reported Together 75% or More-	October 2012	XXX	1.05	1	NA
Harvard Valued - Utilization over 30,000		XXX	0.19	1.21	NA
Harvard Valued - Utilization over 30,000		XXX	0.26	1.59	NA
Harvard Valued - Utilization over 30,000		XXX	0.33	1.26	NA

Harvard Valued - Utilization over 30,000		XXX	0.49	3.38	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.50	2.76	NA
Harvard Valued - Utilization over 30,000		XXX	0.39	2.45	NA
Harvard Valued - Utilization over 30,000		XXX	0.45	2.99	NA
Harvard Valued - Utilization over 30,000		XXX			
Harvard Valued - Utilization over 30,000		XXX			
Harvard Valued - Utilization over 30,000		XXX			
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.82	4.21	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX			
Harvard Valued - Utilization over 30,000	April 2011	XXX			
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.84	4.95	NA
Harvard Valued - Utilization over 100,000		XXX			
Harvard Valued - Utilization over 100,000		XXX			
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.99	5.92	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.62	3	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.83	4.24	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.86	4.84	NA
Codes Reported Together 95% or More	NA	XXX			
Codes Reported Together 95% or More	NA	XXX			
Codes Reported Together 95% or More	NA	XXX			
Codes Reported Together 95% or More	NA	XXX			
Codes Reported Together 95% or More		XXX	0.86	3.1	NA
Codes Reported Together 95% or More		XXX	1.23	4.81	NA
Codes Reported Together 95% or More		XXX	1.09	7.03	NA
Codes Reported Together 95% or More	February 2008	XXX	1.46	12.08	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.98	5.87	NA
Codes Reported Together 95% or More	February 2008	XXX	0.50	1.54	NA
Codes Reported Together 95% or More	February 2008	XXX	0.30	1.51	NA
High Volume Growth4	October 2016	XXX	0.00	0	0
Harvard Valued - Utilization over 100,00	February 2010	XXX			
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.74	3.97	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX			
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.99	3.34	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	1.09	6.53	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.40	3.02	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.49	3.51	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	1.09	4.7	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.40	3.21	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.49	3.84	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.53	5.12	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	1.27	7.7	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX			
Harvard Valued - Utilization over 100,00	February 2010	XXX			
CPT 2013 Utilization Review	January 2016	XXX	1.09	8.73	NA

MPC List	October 2010	XXX	0.00	0	0
Different Performing Specialty from Sur	October 2009	XXX	1.96	2.98	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.45	0.17	0.17
CMS-Other - Utilization over 100,000	April 2016	XXX	0.94	1.76	0.38
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.56	0.93	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.56	1.39	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.76	1.66	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.56	1.27	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	1.18	1.85	NA
CMS Request - Final Rule for 2013	November 2012	XXX			
CMS Request - Final Rule for 2013	November 2012	XXX			
CMS Request - Final Rule for 2015	April 2015	XXX	0.50	0.85	NA
CMS Request - Final Rule for 2015	April 2015	XXX	0.50	0.99	NA
CMS Request - Final Rule for 2015	April 2015	XXX	0.76	1.05	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.00	1.6	NA
CMS High Expenditure Procedural Codes	July 2015	ZZZ	0.00	0.85	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.36	0.44	0.44
CMS High Expenditure Procedural Codes	July 2015	XXX	1.69	0.54	0.54
CMS High Expenditure Procedural Codes	July 2015	XXX	2.23	0.68	0.68
Havard Valued - Utilization over 1 Millio	February 2009	XXX	0.08	0.49	NA
Havard Valued - Utilization over 1 Millio	February 2009	XXX	0.13	1.1	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.22	1.37	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.75	1.97	NA
Havard Valued - Utilization over 1 Millio	February 2009	XXX	1.59	3.48	NA
Havard Valued - Utilization over 1 Millio	February 2009	XXX	2.80	4.86	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.54	1.76	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.24	1.42	NA
Havard Valued - Utilization over 1 Millio	February 2009	XXX	0.45	2.04	NA
Havard Valued - Utilization over 1 Million		XXX	0.42	1.98	NA
Havard Valued - Utilization over 1 Million		XXX	0.53	3.36	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.63	0.78	0.54
CMS High Expenditure Procedural Codes	July 2015	XXX	1.83	1.88	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	2.50	2.76	0.87
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.67	0.66	0.27
Harvard Valued - Utilization over 100,00	October 2009	XXX	1.19	1.14	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.59	0.46	NA
CMS Request - Final Rule for 2016	July 2015	XXX	1.20	1.15	NA
CMS Request - Final Rule for 2016	July 2015	XXX	0.73	0.65	NA
CMS Request - Final Rule for 2014	November 2013	ZZZ			
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.85	1.6	NA
CMS Request - Final Rule for 2014	November 2013	ZZZ			
CMS Request - Final Rule for 2014	November 2013	XXX			
CMS-Other - Utilization over 250,000	April 2013	XXX	0.86	1.67	NA
CMS-Other - Utilization over 250,000	October 2013	XXX	0.86	1.28	NA

Services with Stand-Alone PE Procedure	October 2012	XXX	1.51	11.48	NA
Services with Stand-Alone PE Procedure	October 2012	XXX	0.76	4.88	NA
CMS-Other - Utilization over 250,000	October 2014	ZZZ			
High Volume Growth2	April 2013	XXX	3.02	4.79	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.10	1.87	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.18	2.94	NA
CMS Request - Final Rule for 2014	November 2013	ZZZ			
CMS Request - Final Rule for 2012 / CMS	September 2011	XXX	1.20	2.32	NA
CMS Request - Final Rule for 2012 / CMS	May 2013	XXX			
CMS Request - Final Rule for 2012 / CMS	September 2011	XXX	1.30	4.31	NA
CMS Request - Final Rule for 2012 / CMS	September 2011	XXX	1.40	2.96	NA
CMS Request - Final Rule for 2014		ZZZ			
CMS Request - Final Rule for 2014	November 2013	ZZZ			
CMS Request - Final Rule for 2014		XXX			
CMS Request - Final Rule for 2012 / CMS	May 2013	XXX			
CMS Request - Practice Expense Review	NA	XXX	0.17	0.35	NA
CMS Request - Practice Expense Review	NA	XXX	0.17	0.17	0.09
CMS Request - Practice Expense Review	February 2008	XXX	0.17	0.35	NA
CMS Request - Practice Expense Review	February 2008	ZZZ	0.15	0.13	0.11
CMS Request - Practice Expense Review	NA	XXX	0.17	0.18	0.06
CMS Request - Practice Expense Review	NA	ZZZ	0.15	0.09	0.05
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
CMS High Expenditure Procedural Codes	April 2013	XXX			
CMS High Expenditure Procedural Codes	April 2013	XXX			
CMS High Expenditure Procedural Codes	September 2011	000	2.80	1.25	0.85
CMS High Expenditure Procedural Codes	September 2011	000	1.37	0.53	0.38
CMS High Expenditure Procedural Codes	September 2011	000	1.86	0.66	0.53
CMS High Expenditure Procedural Codes	September 2011	XXX	2.79	0.94	0.8
CMS High Expenditure Procedural Codes	September 2011	XXX	1.89	NA	0.63
CMS High Expenditure Procedural Codes	April 2013	XXX			
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
CMS High Expenditure Procedural Codes	April 2013	XXX			
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
CMS High Expenditure Procedural Codes	April 2013	XXX			
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
CMS High Expenditure Procedural Codes	April 2013	XXX			
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
CMS High Expenditure Procedural Codes	April 2013	XXX	1.79	0.53	0.49
CMS High Expenditure Procedural Codes	April 2013	XXX	1.83	0.62	0.6
CMS High Expenditure Procedural Codes	April 2013	XXX	2.21	0.8	0.69
CMS High Expenditure Procedural Codes	April 2013	XXX	0.59	0.26	0.22
CMS High Expenditure Procedural Codes	September 2011	XXX	0.95	0.46	0.31
CMS High Expenditure Procedural Codes	April 2013	XXX			
Harvard Valued - Utilization over 100,00	October 2009	000	1.88	1.93	0.54

Havard Valued - Utilization over 1 Millio	October 2008	000	1.22	NA	0.64
Havard Valued - Utilization over 1 Millio	February 2009	000	2.11	NA	0.93
Havard Valued - Utilization over 1 Millio	February 2009	000	1.28	NA	0.66
Havard Valued - Utilization over 1 Millio	February 2009	000	2.16	NA	0.94
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2009	XXX			
CMS Request - Practice Expense Review	February 2010	000	1.10	2.36	2.36
CMS High Expenditure Procedural Codes	July 2015	XXX	3.64	21.77	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.00	18.65	NA
CMS Request - Practice Expense Review		XXX	0.00	0	0
CMS Request - Practice Expense Review		XXX	0.00	0	0
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.36	0.95	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.44	1.26	NA
MPC List / CMS High Expenditure Proced	October 2010	XXX	0.50	1.46	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.92	1.33	0.35
CMS Fastest Growing	October 2009	XXX			
CMS Fastest Growing	October 2008	XXX			
CMS Fastest Growing	October 2008	XXX	0.35	0.79	NA
CMS Fastest Growing / CMS High Expend	October 2008	XXX	0.54	1.6	NA
Harvard Valued - Utilization over 30,000	October 2015	XXX	0.50	0.97	0.2
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.81	2.54	NA
Codes Reported Together 75% or More-	January 2015	XXX	1.10	5.7	NA
Codes Reported Together 75% or More-	October 2015	XXX			
MPC List / CMS High Expenditure Proced	October 2010	XXX	0.44	1.48	NA
High Volume Growth1 / High Volume Gr	February 2008	XXX	0.81	1.5	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.01	2.08	NA
CMS Fastest Growing, Harvard Valued -	October 2008	XXX	0.20	0.95	NA
Harvard Valued - Utilization over 30,000	April 2011	XXX	0.66	2.83	NA
Harvard Valued - Utilization over 30,000		XXX	0.81	2.28	0.31
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.18	0.51	0.08

CMS Request/Speech Language Pathology Request		XXX	0.86	2.76	0.36
CMS Request/Speech Language Patholo	October 2015	XXX	0.52	1.13	0.21
CMS Request/Speech Language Pathology Request		XXX	0.26	0.51	0.11
CMS Request/Speech Language Pathology Request		XXX			
CMS Request/Speech Language Pathology Request		XXX			
CMS Request/Speech Language Pathology Request		XXX			
CMS Request/Speech Language Pathology Request		XXX			
CMS Request/Speech Language Patholo	NA	XXX	0.55	1.65	0.19
CMS-Other - Utilization over 250,000	October 2014	XXX			
CMS-Other - Utilization over 250,000	October 2014	XXX			
Codes Reported Together 95% or More		XXX			
Codes Reported Together 95% or More	February 2008	XXX	0.40	1.05	NA
Codes Reported Together 95% or More	February 2008	XXX	0.33	1.16	NA
Codes Reported Together 95% or More	February 2008	XXX	0.10	0.59	NA
Codes Reported Together 95% or More	February 2008	XXX	0.26	0.93	NA
Codes Reported Together 95% or More	February 2008	XXX	0.23	0.85	NA
CMS-Other - Utilization over 250,000	February 2014	XXX	0.29	1.94	NA
CMS-Other - Utilization over 250,000	February 2014	ZZZ	0.00	0.09	0.09
CMS-Other - Utilization over 250,000	February 2014	XXX	0.50	2.1	NA
Codes Reported Together 95% or More		XXX			
Codes Reported Together 95% or More	February 2008	XXX	0.00	1.21	NA
CMS Fastest Growing	February 2011	XXX			
Codes Reported Together 95% or More	February 2008	XXX	0.00	0.51	NA
Codes Reported Together 95% or More	February 2008	XXX	0.00	0.32	NA
Codes Reported Together 95% or More	February 2008	XXX	0.00	0.35	NA
Codes Reported Together 95% or More		XXX			
CMS Fastest Growing	October 2008	XXX	0.13	1.19	NA
CMS Fastest Growing		XXX	0.36	1.48	NA
CMS Request/Speech Language Patholo	NA	XXX	0.86	1.69	0.4
CMS Request/Speech Language Pathology Request		XXX	0.00	0	0
CMS Request/Speech Language Pathology Request		XXX	0.00	0	0
CMS Request/Speech Language Pathology Request		XXX	0.00	3.38	NA
CMS Request/Speech Language Pathology Request		ZZZ	0.00	0.63	NA
CMS Request/Speech Language Pathology Request		XXX	0.00	1.77	NA
CMS Request/Speech Language Patholo	NA	XXX	0.00	2.98	NA
CMS Request/Speech Language Patholo	NA	XXX	0.00	3.04	NA
CMS Request/Speech Language Pathology Request		ZZZ			
CMS Request - Audiology Services	NA	XXX	0.00	1.32	NA
CMS Request - Audiology Services	NA	ZZZ	0.00	0.29	NA
CMS Request - Audiology Services	NA	XXX	0.00	1.3	1.3
CMS Request - Audiology Services / High	NA	XXX	0.00	2.11	NA
CMS Request - Audiology Services	NA	ZZZ	0.00	0.52	0.52
CMS Request - Audiology Services	NA	XXX	0.00	1.4	1.4
MPC List	October 2010	000			

MPC List	October 2010	ZZZ			
MPC List	October 2010	000			
MPC List	October 2010	ZZZ			
MPC List	October 2010	000			
MPC List	October 2010	ZZZ			
MPC List	October 2010	000			
MPC List	October 2010	ZZZ			
MPC List	October 2010	000			
MPC List	October 2010	ZZZ			
MPC List	October 2010	000			
MPC List	October 2010	000			
MPC List	October 2010	ZZZ			
Harvard Valued - Utilization over 100,00	October 2009	000	2.25	5.83	1.25
High Volume Growth2	April 2013	ZZZ	3.28	NA	1.42
MPC List	October 2010	000	14.82	NA	6.65
MPC List	October 2010	ZZZ	4.16	NA	1.8
MPC List / Harvard-Valued Annual Allow	October 2010	000	10.96	NA	4.97
MPC List	October 2010	ZZZ	2.97	NA	1.28
CMS Fastest Growing	October 2008	090	22.70	NA	12.84
MPC List	October 2010	000	12.07	NA	5.45
MPC List	October 2010	ZZZ	3.26	NA	1.41
CMS High Expenditure Procedural Codes	September 2011	XXX	0.17	0.47	NA
High Volume Growth1 / CMS High Exper	February 2008	XXX	0.00	0.41	NA
MPC List / CMS High Expenditure Proced	October 2010	XXX	0.17	0.06	0.06
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	5.55	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.52	0.2	0.2
Codes Reported Together 75% or More-	February 2010	XXX	0.75	1.95	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.45	0.19	0.19
High Volume Growth1 / CMS Request - F	February 2008	XXX	0.00	1.64	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.30	0.12	0.12
CMS Request - Practice Expense Review	NA	XXX	0.75	6.67	NA
Havard Valued - Utilization over 1 Millio	February 2009	XXX	0.16	0.2	NA
Havard Valued - Utilization over 1 Millio	February 2009	XXX	0.00	0.15	NA
Havard Valued - Utilization over 1 Millio	October 2008	XXX	0.16	0.05	0.05
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.52	3.29	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	1.2	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	1.88	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.52	0.21	0.21
Harvard Valued - Utilization over 100,00	October 2009	XXX			
Harvard Valued - Utilization over 100,00	October 2009	XXX			
CMS Request - 2009 Final Rule, Harvard	NA	XXX	0.52	3.49	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	1.37	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	1.92	NA
CMS Request - 2009 Final Rule, Harvard	NA	XXX	0.52	0.2	0.2

Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	0	NA
Harvard Valued - Utilization over 100,00	February 2008	XXX	0.00	0	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.45	0.18	0.18
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.52	7.02	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	1	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.00	5.82	NA
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.52	0.2	0.2
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS Request - Practice Expense Review	NA	XXX	0.92	4.1	NA
CMS Fastest Growing, Harvard Valued -	October 2008	XXX	0.53	2.26	NA
CMS Request - Practice Expense Review	February 2009	ZZZ	0.38	1.82	1.82
CMS-Other - Utilization over 250,000	October 2013	ZZZ	0.15	1.04	1.04
CMS Request - Practice Expense Review	February 2009	ZZZ	0.07	2.36	2.36
Other - Identified by RUC / Codes Repor	April 2008	XXX	1.48	3.03	NA
CMS High Expenditure Procedural Codes	July 2015	XXX			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			

Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		000			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More	February 2008	000	0.00	0	0
CMS High Expenditure Procedural Codes	July 2015	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	0	0
Codes Reported Together 95% or More/	February 2008	000	0.00	0	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	0	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More /	February 2008	000	0.00	0	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More /	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More /	February 2008	000	0.00	NA	0
Codes Reported Together 95% or More /	February 2008	XXX	0.00	0	NA
Codes Reported Together 95% or More /	February 2008	XXX	0.00	0	NA
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
Codes Reported Together 95% or More		ZZZ			
High Volume Growth4	October 2016	ZZZ	0.00	NA	NA
CMS Fastest Growing / High Volume Gro	October 2008	ZZZ	6.99	NA	3.03
Codes Reported Together 75% or More-	February 2010	000	0.00	0	0
Codes Reported Together 75% or More-	February 2010	000	0.00	NA	NA
Codes Reported Together 75% or More-	February 2010	000	16.23	NA	6.96
CMS Fastest Growing/Codes Reported T	October 2008	000	17.65	NA	7.58
Codes Reported Together 75% or More-	October 2011	000			
Codes Reported Together 75% or More-	October 2011	000			
Codes Reported Together 75% or More-	October 2011	ZZZ			
Codes Reported Together 75% or More-	October 2011	000			
Codes Reported Together 75% or More-	October 2011	ZZZ			
High Volume Growth1	February 2008	ZZZ	0.00	0	0

Low Value-High Volume	October 2010	XXX	0.17	0.91	NA
CMS Fastest Growing	October 2008	XXX	0.45	0.7	NA
CMS Fastest Growing	October 2008	XXX	0.92	0.94	NA
CMS Fastest Growing	October 2008	XXX	0.17	0.83	NA
CMS Fastest Growing	October 2008	XXX	1.03	1.15	NA
CMS Fastest Growing	October 2008	XXX	1.18	1.19	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.22	2.38	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.60	5.67	NA
CMS High Expenditure Procedural Codes	January 2012	XXX	0.40	3.63	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.94	6.77	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.62	4.36	NA
CMS Fastest Growing	October 2008	XXX	0.25	2.78	NA
CMS Fastest Growing	February 2009	XXX	0.45	4.18	NA
CMS Fastest Growing	February 2009	XXX	0.50	5.05	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.58	7.05	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.39	4.31	NA
CMS Request - Final Rule for 2014	November 2013	XXX	0.46	5.54	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.31	3.64	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.35	2.83	NA
CMS-Other - Utilization over 500,000 / C	April 2011	XXX	0.68	5.44	NA
Low Value-High Volume / CMS Request -	October 2010	XXX	0.45	3.67	NA
CMS Request - Final Rule for 2014	November 2013	XXX	1.80	7.78	NA
CMS Fastest Growing / CMS Request - Fi	October 2008	XXX	1.21	4.33	NA
CMS-Other - Utilization over 250,000 / C	April 2013	XXX	0.65	4.85	NA
CMS-Other - Utilization over 250,000 / C	October 2013	XXX	0.44	3.46	NA
Codes Reported Together 75%or More-F	January 2017	XXX			
CMS Fastest Growing / High Volume Gro	October 2008	XXX	0.25	4.28	NA
Low Value-High Volume	October 2010	XXX	0.17	0.69	NA
High Volume Growth1	February 2008	XXX	0.52	0.77	NA
High Volume Growth1	February 2008	XXX	0.00	0.61	NA
High Volume Growth1	April 2008	XXX	0.52	0.16	0.16
MPC List	October 2010	XXX	0.31	1.13	1.13
Codes Reported Together 75% or More-	February 2010	XXX	0.26	0.7	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.13	0.63	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.26	0.73	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.26	0.77	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.26	0.69	NA
Codes Reported Together 75% or More-Part2		XXX	0.40	0.89	NA
High Volume Growth1	February 2008	XXX	0.40	0.89	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.64	2.06	NA
CMS High Expenditure Procedural Codes	January 2016	XXX	1.42	2.45	NA
Codes Reported Together 75% or More-Part2		XXX	0.00	0.32	NA
Codes Reported Together 75% or More-Part2		XXX	0.00	0.46	NA
High Volume Growth1 / CMS Fastest Gro	February 2008	XXX	0.20	2.16	NA

CMS High Expenditure Procedural Codes	February 2016				
CMS High Expenditure Procedural Codes	February 2016				
Codes Reported Together 75% or More-	February 2010	XXX	0.26	1.04	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.26	2.43	NA
Codes Reported Together 75% or More-	February 2010	XXX			
Codes Reported Together 75% or More-	February 2010	XXX			
Codes Reported Together 75% or More-	February 2010	XXX			
Codes Reported Together 75% or More-	February 2010	ZZZ			
CMS Request - Practice Expense Review	NA	XXX	0.00	0.05	NA
CMS Request - Practice Expense Review	NA	XXX	0.00	0.08	NA
CMS Fastest Growing, CMS Request - Pra	October 2008	XXX	0.00	0.56	NA
High Volume Growth1 / Codes Reported	February 2008	XXX	0.15	0.76	NA
Low Value-Billed in Multiple Units / CMS	October 2010	XXX	0.00	0.12	NA
Low Value-Billed in Multiple Units	October 2010	XXX	0.15	0.31	0.06
Low Value-Billed in Multiple Units	October 2010	XXX	0.15	0.16	0.06
Low Value-Billed in Multiple Units	October 2010	XXX			
Low Value-Billed in Multiple Units	October 2010	XXX			
Low Value-Billed in Multiple Units	October 2010	XXX	0.00	0.17	NA
Low Value-Billed in Multiple Units	October 2010	XXX	0.00	0.17	NA
CMS High Expenditure Procedural Codes	January 2012	XXX	0.00	0.35	0.29
CMS High Expenditure Procedural Codes	September 2011	XXX	0.00	0.44	0.38
Low Value-Billed in Multiple Units / CMS	October 2010	XXX	0.06	0.21	0.02
Low Value-Billed in Multiple Units	October 2010	XXX	0.06	0.67	0.03
MPC List / CMS High Expenditure Proced	October 2010	XXX	0.06	0.21	0.02
High Volume Growth2	October 2013	XXX	0.00	3.95	NA
High Volume Growth	April 2013	XXX	0.85	0.21	0.21
CMS Fastest Growing	October 2009	XXX			
CMS Fastest Growing	October 2009	XXX			
CMS Request - Practice Expense Review	NA	XXX			
CMS Fastest Growing	October 2009	XXX	1.88	14.7	NA
CMS Fastest Growing	October 2009	XXX	1.66	3.46	NA
CMS Fastest Growing	October 2009	XXX	1.66	11.82	NA
CMS Fastest Growing	October 2009	XXX	2.65	13.79	NA
CMS Fastest Growing / MPC List	February 2010	XXX	3.52	17.54	NA
CMS Fastest Growing	October 2009	XXX	3.79	19.32	NA
CMS Request - Final Rule for 2016	July 2015	XXX	1.08	4.49	NA
CMS Request - Final Rule for 2016	July 2015	XXX	1.73	5.4	NA
CMS High Expenditure Procedural Codes	January 2012	XXX	1.08	4.1	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	1.08	3.76	NA
CMS High Expenditure Procedural Codes	January 2012	XXX	1.08	4.82	NA
High Volume Growth3	October 2015	XXX	0.28	0.44	0.12
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.96	1.36	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.54	1.48	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.87	1.79	NA

Codes Reported Together 75% or More-	February 2010	XXX	1.99	2.53	NA
Codes Reported Together 75% or More-Part1		XXX	0.79	0.98	NA
Codes Reported Together 75% or More-Part1		XXX	1.18	1.26	NA
Codes Reported Together 75% or More-Part1		XXX	0.37	0.53	NA
Codes Reported Together 75% or More-Part1		XXX	0.37	0.53	NA
Codes Reported Together 75% or More-	February 2010	ZZZ			
Codes Reported Together 75% or More-	February 2010	ZZZ			
Codes Reported Together 75% or More-	February 2010	ZZZ			
MPC List / Codes Reported Together 75	October 2010	XXX	0.42	1.18	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	0.60	1.15	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.34	1.03	NA
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-Part1		XXX			
Different Performing Specialty from Sur	October 2009	XXX	0.90	0.82	NA
High Volume Growth1 / CMS Fastest Gr	February 2008	XXX	0.96	1	NA
Codes Reported Together 75% or More-Part1		XXX	0.90	1.99	NA
Codes Reported Together 75% or More-Part1		XXX			
Codes Reported Together 75% or More-	February 2010	XXX	0.54	1.63	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.54	1.59	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.50	3.25	NA
Codes Reported Together 75% or More-	February 2010	XXX	1.50	3.48	NA
High Volume Growth3	October 2015	XXX	0.35	2.34	NA
Codes Reported Together 75% or More-Part1		XXX	0.51	0.55	NA
Codes Reported Together 75% or More-Part1		XXX	0.55	0.49	NA
Codes Reported Together 75% or More-Part1 / CMS Request - F		XXX			
Codes Reported Together 75% or More-Part1 / CMS Request - F		XXX			
Codes Reported Together 75% or More-	January 2012	XXX			
Codes Reported Together 75% or More-	January 2012	XXX			
Codes Reported Together 75% or More-Part1		XXX			
CMS Fastest Growing	February 2009	XXX	1.51	4.18	NA
High Volume Growth4	October 2016	XXX	0.00	0	0
CMS Fastest Growing	February 2009	XXX	3.30	7.52	NA
High Volume Growth1	February 2008	XXX	2.45	4.38	NA
CMS Fastest Growing	October 2008	XXX	3.08	15.47	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.98	3.37	NA
Harvard Valued - Utilization over 100,00	February 2010	XXX	0.45	0.86	0.14
Harvard Valued - Utilization over 100,00	October 2009	XXX	0.78	0.66	0.22
Harvard Valued - Utilization over 100,00	February 2010	XXX	1.50	1.21	0.48
Harvard Valued - Utilization over 100,00	February 2010	ZZZ	0.92	0.61	0.32

CMS Request - Final Rule for 2016	July 2015	XXX	3.00	1.65	1.19
CMS Request - Final Rule for 2016	July 2015	ZZZ	1.70	0.86	0.67
CMS Request - Final Rule for 2016	July 2015	XXX	3.50	1.91	1.24
CMS Request - Final Rule for 2016	July 2015	ZZZ	1.64	0.84	0.64
CMS Request - Final Rule for 2016	July 2015	XXX			
CMS Request - Final Rule for 2016	July 2015	XXX			
CMS Request - Final Rule for 2016	July 2015	XXX			
Different Performing Specialty from Surv	April 2010	XXX	0.00	1.53	NA
High Volume Growth1 / Codes Reported	February 2008	XXX	0.77	1.53	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	1.86	0.58	0.56
CMS High Expenditure Procedural Codes	July 2015	XXX	0.50	0.8	0.15
High Volume Growth2 / Different Perfor	April 2013	XXX	0.51	0.49	0.15
CMS Request/Speech Language Patholo	January 2016	XXX	0.00	1.83	NA
CMS High Expenditure Procedural Codes	January 2017	XXX	0.00	0.18	NA
CMS High Expenditure Procedural Codes	January 2017	XXX	2.60	0.96	.92
CMS High Expenditure Procedural Codes	July 2015	XXX	1.86	0.76	0.59
CMS High Expenditure Procedural Codes	July 2015	XXX	1.86	1.25	0.56
CMS High Expenditure Procedural Codes	July 2015	XXX	0.55	1.15	0.17
High Volume Growth2 / CMS High Exper	April 2013	XXX	0.51	1.04	0.15
CMS High Expenditure Procedural Codes	January 2016	XXX			
CMS High Expenditure Procedural Codes	January 2016	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	ZZZ			
CMS High Expenditure Procedural Codes	September 2011	XXX			
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
CMS High Expenditure Procedural Codes	September 2011	ZZZ			
CMS High Expenditure Procedural Codes	April 2013	ZZZ			
Different Performing Specialty from Surv	April 2013	XXX			
CMS High Expenditure Procedural Codes	July 2015	XXX			
CMS High Expenditure Procedural Codes	July 2015	ZZZ			
should be on N/R LOI just added to track	January 2016	XXX			
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	July 2015	XXX	0.21	1.34	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.19	0.94	NA
CMS Request - Practice Expense Review	NA	000	0.52	2.71	0.24
CMS Request - Practice Expense Review	NA	000	0.80	3.08	0.29
CMS High Expenditure Procedural Codes	July 2015	XXX	0.24	2.88	NA
CMS High Expenditure Procedural Codes	July 2015	ZZZ	0.20	1.58	NA

Codes Reported Together 75% or More-	February 2010	XXX	0.28	4.05	NA
CMS High Expenditure Procedural Codes	January 2012	ZZZ	0.19	0.74	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.21	4.47	NA
CMS High Expenditure Procedural Codes	January 2012	ZZZ	0.21	1.89	NA
CMS Request - Practice Expense Review	NA	000	2.37	7.48	1.17
High Volume Growth1 / CMS Fastest Gr	February 2008	XXX	0.00	2.4	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.00	1.24	NA
CMS Fastest Growing / CPT Assistant An	October 2008	000	1.15	2.8	0.57
High Volume Growth1 / CMS Fastest Gr	February 2008	000	1.17	2.82	0.57
High Volume Growth1 / CMS Fastest Gr	October 2008	000	2.10	3.77	0.73
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	January 2017				
CMS High Expenditure Procedural Codes	September 2011	XXX	1.20	0.73	NA
CMS High Expenditure Procedural Codes	February 2015	XXX	0.60	0.43	NA
CMS High Expenditure Procedural Codes	February 2015	XXX	1.20	0.86	NA
CMS High Expenditure Procedural Codes	February 2015	XXX	0.60	0.64	NA
Physical Medicine and Rehabilitation Services		XXX	0.06	0.06	NA
Physical Medicine and Rehabilitation Services		XXX	0.25	0.13	NA
Physical Medicine and Rehabilitation Services		XXX	0.18	0.19	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.18	0.2	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.06	0.12	NA
Physical Medicine and Rehabilitation Services		XXX	0.17	0.24	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.25	0.17	NA
Physical Medicine and Rehabilitation Services		XXX	0.26	0.31	NA
Physical Medicine and Rehabilitation Services		XXX	0.21	0.16	NA
Low Value-High Volume / CMS High Exp	October 2010	XXX	0.21	0.1	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.45	0.28	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	0.45	0.32	NA
CMS High Expenditure Procedural Codes	July 2015	XXX	0.44	0.43	NA
Codes Reported Together 75% or More-	February 2010	XXX	0.40	0.25	NA
CMS High Expenditure Procedural Codes	September 2011	XXX	0.43	0.26	NA
CMS-Other - Utilization over 500,000	April 2011	XXX	0.27	0.19	NA
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	February 2015				
CMS High Expenditure Procedural Codes	September 2011	XXX	0.44	0.34	NA
High Volume Growth2 / High Volume Gr	April 2013	XXX	0.44	0.21	NA
Physical Medicine and Rehabilitation Services		XXX	0.44	0.25	NA
Codes Reported Together 75% or More-	October 2012	XXX	0.45	0.34	NA

Physical Medicine and Rehabilitation Services		XXX	0.45	0.27	NA
High Volume Growth2	April 2013	XXX	0.45	0.28	NA
Site of Service Anomaly / High Volume G	September 2007	000	0.58	0.77	0.53
Site of Service Anomaly / High Volume G	September 2007	ZZZ	0.80	0.91	0.64
Physical Medicine and Rehabilitation Services		XXX	0.00	0	0
High Volume Growth2	April 2013	XXX	0.55	0.36	0.2
High Volume Growth2	April 2013	XXX	0.60	0.37	0.21
High Volume Growth2	May 2013	XXX			
High Volume Growth2	May 2013	XXX			
Physical Medicine and Rehabilitation Services		XXX			
High Volume Growth1	February 2008	XXX	0.62	0.28	NA
Physical Medicine and Rehabilitation Ser	April 2016	XXX	0.45	0.36	NA
Physical Medicine and Rehabilitation Ser	April 2016	XXX	0.45	0.29	NA
Physical Medicine and Rehabilitation Ser	April 2016	XXX	0.25	0.5	NA
Physical Medicine and Rehabilitation Ser	April 2016				
CMS Request - Medical Nutrition Therap	NA	XXX	0.45	0.39	0.38
CMS Request - Medical Nutrition Therap	NA	XXX	0.37	0.38	0.38
High Volume Growth3	January 2017				
Harvard Valued - Utilization over 100,00	February 2010	000	0.45	0.31	0.14
Harvard Valued - Utilization over 100,00	October 2009	000	0.65	0.4	0.23
Harvard Valued - Utilization over 100,00	October 2009	000	0.87	0.49	0.28
Harvard Valued - Utilization over 100,00	February 2010	000	1.03	0.57	0.32
Harvard Valued - Utilization over 100,00	February 2010	000	1.19	0.65	0.35
CMS High Expenditure Procedural Codes	September 2011	000	0.45	0.23	0.12
CMS High Expenditure Procedural Codes	September 2011	000	0.65	0.29	0.17
CMS High Expenditure Procedural Codes	September 2011	000	0.87	0.36	0.23
CMS High Expenditure Procedural Codes	September 2011	XXX	0.40	0.22	0.14
Moderate Sedation Review	January 2014	XXX	0.00	0	0
Moderate Sedation Review	January 2014	XXX	0.00	0	0
Moderate Sedation Review	January 2014	XXX	0.00	0	0
Moderate Sedation Review	January 2014	XXX	0.00	0	0
Moderate Sedation Review	January 2014	ZZZ	0.00	0	0
Moderate Sedation Review	January 2014				
Moderate Sedation Review	January 2014				
Moderate Sedation Review	January 2014				
Moderate Sedation Review	January 2014				
CMS Request - Practice Expense Review	NA	XXX			
CMS Request - Practice Expense Review	May 2014	XXX			
CMS-Other - Utilization over 250,000	April 2013	XXX	2.34	3.08	0.69
High Volume Growth3	September 2016	XXX	1.65	1.29	0.38
High Volume Growth3	September 2016	XXX	0.63	0.38	0.15
CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	1.35	1.26
CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	1.64	1.56
High Volume Growth3	September 2016				

High Volume Growth3	September 2016				
RUC Referral to CPT Assistant	January 2014	XXX			
RUC Referral to CPT Assistant	January 2014	ZZZ			
Low Value-High Volume / CMS-Other - U	October 2010	XXX	0.45	0.51	NA
High Volume Growth4	October 2016	XXX	0.17	0.37	0.06
MPC List	January 2014	000	0.96	2.33	0.53
MPC List	September 2011	000	3.69	6.2	1.57
CMS-Other - Utilization over 100,000	April 2016	XXX	0.00	0.77	NA
CMS-Other - Utilization over 100,000	April 2016	XXX	0.00	0.44	NA
MPC List	September 2011	000	3.69	6.2	1.57
CMS-Other - Utilization over 500,000	April 2011	000	0.17	0.28	0.07
CMS-Other - Utilization over 100,000	April 2016	XXX	0.07	3.81	NA
CMS Fastest Growing / CMS-Other - Util	October 2008	XXX	0.45	0.89	NA
CMS Fastest Growing / CMS-Other - Util	October 2008	XXX	0.67	1.09	NA
CMS Fastest Growing / CMS-Other - Util	October 2008	XXX	1.73	1.32	NA
CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	1.46	NA
CMS Fastest Growing / CMS-Other - Util	February 2008	XXX	0.70	2.74	NA
CMS Fastest Growing / CMS-Other - Util	February 2008	XXX	0.87	2.87	NA
CMS Fastest Growing / CMS-Other - Util	February 2008	XXX	0.70	2.31	NA
CMS Fastest Growing	February 2008	XXX	0.00	0.41	NA
CMS Fastest Growing	February 2008	XXX	0.00	0.43	NA
High Volume Growth3	January 2016	XXX	0.00	5.8	NA
CMS Fastest Growing / High Volume Gro	February 2008	XXX	0.00	3.57	NA
CMS Fastest Growing / High Volume Gro	February 2008	XXX	0.18	0.07	NA
CMS Fastest Growing	October 2008	000	0.61	0.63	0.23
CMS Fastest Growing	February 2008	XXX	0.37	0.38	0.38
Low Value-High Volume / CMS-Other - U	October 2010	XXX	0.18	0.12	NA
Final Rule for 2015 / High Volume Growt	July 2014	XXX	0.58	1.81	NA
CMS-Other - Utilization over 100,000	April 2016	XXX			
CMS-Other - Utilization over 100,000	April 2016	XXX			
Final Rule for 2015	July 2014	XXX			
CMS-Other - Utilization over 100,000	April 2016	XXX			
CMS-Other - Utilization over 250,000	April 2013	XXX			
CMS-Other - Utilization over 250,000	April 2013	XXX			
CMS-Other - Utilization over 100,000	April 2016	XXX			
CMS-Other - Utilization over 100,000	April 2016	XXX			
CMS-Other - Utilization over 100,000	April 2016	XXX			
CMS-Other - Utilization over 100,000	April 2016	XXX			
CMS Request - Final Rule for 2013	November 2012	XXX			
CMS Request - Final Rule for 2013	November 2012	XXX			

2007 PLI RVU	2016 Work RVU	2016 Non-Fac PE RVU	2016 Fac PE RVU	2016 PLI RVU	2010 Medicare Freq	2011 Medicare Freq	2012 Medicare Freq	2013 Medicare Freq
0.00	7.00	0.00	0.00	0.00				
0.00	5.00	0.00	0.00	0.00				
0.00	5.00	0.00	0.00	0.00				
0.00	5.00	0.00	0.00	0.00	17974.5	18975	21281	21755
	5.00	0.00	0.00	0.00				
0.10	1.27	2.06	0.56	0.17				
0.08	1.27	2.59	0.48	0.13	156225	170506	177023	189399
	3.00	18.44	1.17	0.71				
0.05	1.21	1.51	1.14	0.17				
0.12	1.22	1.97	1.42	0.13	526284	513466	508222	485698
0.26	2.45	3.10	2.37	0.30	185693	186628	188147	181626
0.12	1.22	2.94	1.59	0.14	41220	41526	42835	41625
0.35	2.30	4.22	2.34	0.50			13657	12904
0.06					775290			
0.10					700327			
0.13	1.01	2.18	0.64	0.12	1290599	1324528	1408725	1444609
0.32	2.70	3.39	1.38	0.40	192920	206237	210878	224156
0.43	4.10	4.22	1.92	0.66	53753.5	57022	59230	59878
	0.50	0.59	0.18	0.07		232665	248271	256836
	1.03	0.88	0.41	0.18		87400	97031	112894
	1.80	1.41	0.74	0.34		19820	23644	25950
0.05	0.35	0.98	0.09	0.02	827969	866674	895985	909831
0.07	0.50	1.12	0.12	0.03	1767424	1833278	1891645	1951175
0.10	0.65	1.17	0.16	0.04	362420	364864	369937	374573
0.03	0.81	2.01	0.48	0.11	2702008	2812102	2947384	3073321
0.02	0.41	0.46	0.25	0.06	1173566	1230581	1289946	1347402
0.03	0.60	2.07	0.33	0.08	88442	89512	89873	92204
0.04	0.90	2.36	0.52	0.12	176259	178242	177834	181661
0.05	1.05	2.79	0.61	0.15	107174	106096	108169	110540
0.07	1.25	2.98	0.72	0.18	16945	16694	16334	15720
0.07	0.80	1.94	0.26	0.07	115473	110163	106407	114391
0.07	0.96	2.38	0.43	0.11	104350	102470	99007	98777
0.07	1.20	2.71	0.57	0.15	49955	51259	51104	52681
0.13	1.46	2.67	0.52	0.14	11389	12340	14257	13811

0.04	0.80	2.31	0.45	0.11	85938	84050	82228	81900
0.05	1.10	1.91	0.64	0.16	119760	119278	115873	110425
0.06	1.30	3.05	0.76	0.19	52616	51472	51799	52506
0.10	1.68	3.34	0.97	0.25	7226	6357	6338	6046
0.02	0.17	0.22	0.04	0.01	1488242	1520157	1548666	1372329
0.04	0.32	0.57	0.08	0.02	2188616	2272097	2321826	2308594
0.07	0.54	0.69	0.13	0.04	7631434	7440412	7371176	7481438
0.14	1.10	1.63	0.28	0.08				
0.22	1.58	3.40	2.30	0.12			225455	221559
0.35	3.63	5.16	3.46	0.41			1793	1801
0.02	0.52	0.98	0.31	0.07	156008	164914	173700	184842
0.03	0.80	1.07	0.49	0.11	52713	52260	56877	61575
0.13	1.10	1.44	0.39	0.12			23911	31800
0.12	1.48	2.26	0.64	0.26	13332	13395	12243	13018
0.17	1.78	2.45	0.80	0.31	3385	3422	3325	3752
0.23	3.30	2.57	1.25	0.44	6099	4937	3959	3359
0.15	0.84	1.57	0.32	0.11	179272	183432	187251	184924
0.17	1.14	1.78	0.38	0.15	139131	143091	144775	143522
0.21	1.44	1.98	0.45	0.20	21241	21706	21882	22078
0.27	1.97	2.32	0.47	0.28	5450	5658	5761	5900
0.35	2.39	2.68	0.61	0.35	1032	1111	1125	1134
0.45	2.90	2.97	0.86	0.47	355	443	396	432
0.16	1.07	1.87	0.36	0.15	88270	90719	90734	89350
0.18	1.22	1.84	0.27	0.17	50284	51041	51718	51748
0.23	1.57	1.99	0.35	0.22	6496	6659	6751	6735
0.29	1.98	2.32	0.44	0.28	3183	3287	3385	3402
0.37	2.68	2.74	0.61	0.39	465	512	527	502
0.47	3.18	NA	0.72	0.51	80	70	82	69
0.64	3.61	NA	0.82	0.57	32	41	36	40
0.17	2.00	4.41	2.10	0.31	55639	55966	57574	56814
0.16	2.52	5.70	2.71	0.38	192852	201076	213730	219920
0.25	2.97	5.40	2.50	0.48	20265	21139	21689	22143
0.39	3.50	6.78	2.82	0.60	4867	5306	5040	4673
0.55	4.23	6.99	3.04	0.80	1030	1060	1081	1040
0.66	5.00	7.69	3.51	0.95	599	682	654	568
0.19	2.10	4.31	1.92	0.31	18713	18982	19165	19024
0.17	2.79	4.99	2.56	0.42	42162	44084	44783	46381
0.27	3.19	6.53	2.51	0.48	2175	2254	2127	2174
0.41	3.75	7.10	3.42	0.60	404	370	391	334
0.54	4.30	8.27	3.62	1.03	80	77	82	63
0.58	4.95	8.78	3.96	1.06	45	50	42	34
0.20	2.33	4.65	2.26	0.36	58514	59370	58821	57673
0.17	2.87	5.06	2.57	0.43	75927	77119	77908	77659
0.23	3.17	6.16	2.62	0.48	9021	9225	9302	9209

0.30	3.50	6.22	2.39	0.53	3113	3131	3148	2911
0.45	4.50	8.11	3.61	0.71	414	453	424	433
0.59	5.30	9.50	4.80	0.89	58	84	65	47
0.56	6.00	8.92	4.61	1.17	39	77	117	41
0.26	3.00	6.05	2.49	0.46	5175	5427	5471	5408
0.26	3.50	7.21	3.28	0.54	59565	63581	68162	71679
0.13	1.24	2.02	0.70	0.22		17985	19925	19043
0.26	3.23	6.23	3.09	0.50	7851	8171	8757	9215
0.25	4.00	7.53	3.12	0.61	97197	106286	116125	125047
0.15	1.44	2.12	0.80	0.24	16519	17703	19090	19746
0.26	3.73	6.67	2.93	0.56	32877	35215	36852	36902
0.32	4.78	8.04	3.59	0.73	188152	202218	213108	222178
0.18	2.19	2.56	1.28	0.34	11022	12045	12565	13293
0.34					2391	2580	2466	2311
0.31	4.34	7.02	3.31	0.66	30307	31510	32354	32164
0.40	5.34	8.27	3.92	0.83	43417	44861	46695	46754
0.24	2.38	2.78	1.35	0.38		1154	1184	1099
0.59	6.37	10.31	7.04	1.12	10319	10296	10029	9334
0.82	8.78	12.50	8.54	1.60	9240	9006	8873	9142
0.64	7.22	11.50	8.01	1.19	23697	22824	22185	21411
0.81	9.72	13.61	9.49	1.57	17157	16783	17148	18772
0.62	8.60	11.86	8.36	1.32	81330	78273	77095	76850
0.73	10.83	14.45	9.99	1.67	39365.5	39468	40442	43205
0.68	9.23	11.58	8.83	1.40	96957.5	95711	96156	94991
0.76	11.48	15.74	10.82	1.77	25460	25375	26269	27518
1.16								
	12.65	16.12	10.81	2.11	20197	23111	24949	27334
	3.73	2.05	2.05	0.64	10750	15149	20695	24079
0.49	3.65	5.67	2.29	0.64			18301	19158
0.62	4.58	6.27	2.62	0.63			21389	22688
1.28	9.90	12.80	8.89	1.94			17467	16755
1.16	10.15	12.55	8.34	1.74	11166	10880	10633	10668
0.55					1547	1711		
0.19					1438	1362		
0.82					2011	2018		
0.29					239	219		
0.84	8.09	12.62	8.35	1.35	7922	8071	8276	8328
0.92	10.41	14.65	11.10	1.69			12973	13040
	1.50	2.29	0.73	0.21			64463	68045
	0.33	0.39	0.12	0.05			11359	10902
	3.50	4.32	1.69	0.63			5298	5017
	0.80	1.07	0.36	0.17			21535	23881
	1.83	2.22	0.74	0.18			83105	79318
	0.50	0.43	0.17	0.06			6017	5287

	4.00	4.55	1.85	0.65			1750	1592
	1.00	1.24	0.46	0.20			2673	2582
0.58					2098	2406		
0.21					1128	1328		
0.49					3696	4440		
0.14					2096	2693		
0.55					1754	1739		
0.20					60	48		
0.43					899	470		
0.14					75	91		
0.46					37408	9821		
0.17					357	66		
0.47					4220	4252		
0.14					6008	7586		
0.52					4836	5119		
0.21					643	722		
1.34	10.21	14.21	9.28	1.87	439	405	427	462
1.20	10.12	13.63	9.77	1.75	689	652	631	705
1.20	10.70	13.76	9.77	1.75	2089	2175	2261	2182
0.87	9.37	12.31	8.62	1.42	3935	4038	4073	3804
1.28	14.38	15.74	12.53	2.29				
2.00	16.38	18.29	13.67	2.27	13117.5	13502	13626	13680
2.62	19.86	19.48	14.41	3.97				
2.46	17.04	17.94	12.93	3.15				
2.66	19.04	17.85	13.15	3.53				
0.63	11.80	15.55	11.07	1.86	5635	2946	2739	2333
	3.65	1.87	1.87	0.70			9067	9795
0.50	6.81	9.88	8.11	0.56	103401	98292	102253	101202
0.08	0.71	1.51	0.75	0.09	18960	18875	17704	18019
0.19	1.74	2.21	1.21	0.25	2479	2513	2555	2440
0.24	2.08	2.87	1.44	0.34	1543	1400	1372	1097
0.03	0.61	1.19	0.82	0.09	4800111	4910363	5050404	5192325
0.01	0.04	0.11	0.02	0.01	15161441	15449279	15963681	16453509
0.11	1.37	2.69	1.29	0.20	740858	757250	768703	784515
0.35	3.69	5.50	3.70	0.52	2498	2442	2579	2687
0.63	4.79	6.87	4.49	0.69	1613	1420	1276	1107
0.54	7.49	9.55	6.47	1.17	3436	2949	2733	3059
0.05	0.70	2.35	1.21	0.09			1648034	1739415
0.05	0.97	2.62	1.36	0.13			85526	89462
0.06	0.50	1.68	0.49	0.07				
0.05	1.22	2.67	1.23	0.18	131848	134870	136500	133938
0.06	1.63	3.09	1.48	0.24	202301	207870	221735	232276

0.06	1.54	2.86	1.42	0.22	57313	57506	56827	56482
0.07	1.82	3.19	1.60	0.27	71623	73443	75419	78908
0.07	1.77	3.01	1.56	0.26	130602	125797	122083	115925
0.08	2.09	3.40	1.76	0.31	107468	105826	107138	106317
0.24	6.20	11.64	3.78	0.96	514703	547315	577559	608031
0.13	3.30	7.22	2.02	0.50	397870	415936	431646	448361
0.22	5.56	11.16	3.39	0.85	77795	79616	82312	89149
0.12	3.06	7.06	1.87	0.46	42948	43282	43680	46639
0.03	0.87	1.27	0.53	0.13	22459	23238	22699	22390
0.45	3.83	8.75	4.08	0.87	1989	2061	2110	1933
	3.29	15.99	1.21	0.39				
	1.65	14.41	0.61	0.19				
	3.10	15.58	1.15	0.35				
	1.55	13.91	0.57	0.17				
	3.64	25.17	1.35	0.40				
	1.82	21.14	0.68	0.17				
0.14						57961	59602	60119
0.30						116109	118709	123039
	2.00	4.60	0.74	0.18				
	1.00	3.65	0.37	0.10				
	2.00	5.43	0.74	0.21				
	1.00	4.64	0.37	0.12				
	1.70	12.72	0.63	0.17				
	0.85	11.87	0.31	0.09				
	2.55	21.58	0.95	0.26				
	1.28	18.27	0.48	0.11				
0.07						52702	51826	51712
0.04						4276	4259	4080
0.01					131626	146660	153746	55242
1.18	15.85	NA	9.53	3.79				
2.93	16.03	NA	13.20	2.74	6937	7047	7477	7506
1.06	13.99	NA	12.71	2.44	2622.5	2890	3299	3682
2.94	18.50	NA	21.97	3.21	5975.5	6342	7078	7423
0.25					5753			
0.46	3.58	4.69	2.57	0.57	4262	5486	5334	5530
0.44	2.61	NA	1.48	0.39				2911
1.31	8.95	NA	4.42	1.51			3189	3442
0.51	3.54	9.59	3.00	0.64	1815	1812	1943	1981
0.09	0.75	0.84	0.36	0.09	769185	779280	789041	793996
0.08	0.75	0.89	0.39	0.09	152826	123554	129156	158793
0.05	0.66	0.84	0.36	0.07				
0.04	0.75	0.98	0.41	0.08				
0.08	0.66	0.63	0.29	0.07	396910	404281	415046	424403
	0.89	1.07	0.33	0.10				

0.08	0.68	0.67	0.31	0.08	499253	507740	518314	523801
	1.00	1.16	0.40	0.12				
0.11	0.79	0.81	0.42	0.12	5973805	6236109	6570203	6838839
	1.10	1.35	0.51	0.16				
0.56	5.96	10.76	5.24	1.03			55599	55634
1.05	16.27	NA	13.18	2.85			2457	2450
0.71	4.28	7.08	4.64	0.78	5351	5330	5373	5441
0.94	3.00	8.42	1.95	0.52	3007.5	3063	3309	3604
1.30	4.58	NA	2.82	0.85	3879	3876	4102	4127
0.87	5.79	NA	5.44	1.01	14944	12632	12183	12441
0.70	9.89	NA	8.84	1.85	2322	1701	1436	1294
1.32	10.03	14.24	10.25	1.70	1407	1438	1470	1596
0.46	6.79	NA	12.63	1.00				
1.08	14.75	NA	10.06	2.98	1210.5	1046	1098	947
0.09							37192	40105
0.38							107	179
0.94							168	79
	10.79	NA	4.44	2.52				
	13.00	NA	5.23	3.06				
	17.61	NA	6.27	3.96				
0.16	1.36	2.41	2.51	0.24			286	285
1.11	7.76	NA	6.20	1.71			806	954
2.48	15.72	NA	10.52	3.51	821.5	685	649	635
3.92	21.02	NA	16.62	5.27	2051	2332	2720	3033
0.39	2.13	2.96	2.46	0.40			3003	3067
	8.15	41.19	3.94	1.01				
	7.58	41.31	3.76	0.96				
	4.00	23.35	1.50	0.59				
	8.90	198.81	5.01	1.74				
	8.24	199.38	4.75	1.60				
	4.00	121.92	1.76	0.85				
1.72					11422	9765	7466	6725
1.60					12100	10267	7704	6808
0.82							3586	3143
1.72					21675	22021	22603	22886
1.60					24197	24678	26093	26611
0.82					12010	12280	12349	12244
3.16	24.79	NA	17.43	5.61	941	994	1167	1185
	25.00	NA	16.94	7.93		27385	31829	34540
	6.50	NA	3.12	1.73		21955	25881	28622
4.46	17.69	NA	13.44	5.13	34258.5	8253	6901	5969
3.16	23.53	NA	15.36	5.89			11778	12638
1.25	5.52	NA	2.59	1.33	36907.5	15367	14864	14549
4.47	23.53	NA	16.32	6.27	65834	67270	45490	42695

1.38	6.43	NA	3.13	1.64	99337	103173	98217	101454
4.73	22.09	NA	16.40	7.02	30900.5	32885	8004	6673
1.16	5.22	NA	2.51	1.41	11473	12173	3085	2624
	27.75	NA	18.21	7.73			25969	30058
	8.16	NA	3.96	1.97			10657	11444
2.86	13.44	NA	6.59	3.45	4100.5	4464	5058	5573
3.90	19.17	NA	13.31	5.20	3836	4307	4155	4262
1.49	6.70	NA	3.23	1.64	93182	100447	108224	113657
0.76	8.32	NA	6.09	1.91	1471	1253	1154	974
1.13	7.41	NA	6.54	1.65	1009	816	813	753
1.23	7.39	NA	7.96	1.42	12943	12131	11312	10769
1.30	7.77	NA	8.22	1.61	5827	5470	4906	4294
0.06	1.00	2.61	0.38	0.09	32653	34029	34958	34926
1.45	8.54	NA	7.80	1.61	2511.5	2618	2748	3034
2.17	11.39	NA	10.07	2.22	4930	4988	4774	4600
2.32	11.93	NA	10.32	2.28	22578	21802	20163	18951
1.74	9.23	NA	8.98	1.91	1236	1151	1036	908
2.32	13.54	NA	11.75	2.63	9619.5	8629	7555	6695
1.74	10.17	NA	9.36	1.91	8514.5	10319	12165	13182
1.83	10.64	NA	9.08	2.01	1849	1960	2036	1966
3.67	22.13	NA	15.76	4.14	24415.5	27872	32484	35707
0.29	2.36	3.71	3.82	0.42				
0.48	3.00	5.80	5.27	0.57	36584	37423	36775	37678
0.67	4.10	6.01	5.27	0.80				
0.30	3.53	4.84	4.11	0.54				
0.69	4.76	NA	5.86	0.95				
0.71	4.66	6.66	5.84	0.91				
0.89	5.39	7.90	6.57	1.07				
0.50	4.37	5.33	4.48	0.71				
0.89	5.64	NA	6.77	1.14				
1.11	7.56	NA	8.41	1.36	1040	972	1029	980
0.88	6.12	NA	6.89	1.08	1707	1855	2005	2204
1.19	8.04	NA	8.67	1.51	1192	1098	1176	1201
1.08	7.39	NA	7.60	1.28	1475	1375	1456	1408
1.21	8.08	NA	8.37	1.43	7272.5	6997	7246	7190
0.93	5.85	8.00	6.62	1.11				
1.00	6.25	8.35	7.44	1.20				
1.26	8.31	NA	9.11	1.71				4479
1.36	9.56	NA	9.79	1.86				8659
1.84	11.07	NA	10.59	2.13				6975
2.38	14.38	NA	13.13	2.70			12243	13403

0.62	4.89	6.75	5.68	0.80				
0.66	4.47	NA	5.96	0.84	1641	1662	1782	1736
1.21	9.56	NA	13.66	1.77	1138	1181	1207	1229
1.33	10.53	NA	12.06	2.16				64
1.38	12.13	NA	12.85	2.50				43
1.02	6.90	NA	13.33	1.16	4614	5628	6515	7325
0.35	3.83	4.78	4.23	0.58				
0.22	1.80	3.19	3.21	0.29				
0.42	3.23	5.25	4.09	0.54				
0.27	3.15	4.19	3.63	0.45				
0.92	8.85	NA	6.78	1.96	578.5	553	502	492
0.93	5.75	NA	6.23	1.20	1297	1433	1430	1495
0.08	1.48	3.01	0.83	0.13	301238	323344	346047	362076
3.51	20.72	NA	14.48	3.97	113827.5	115280	123034	129950
4.95	30.28	NA	19.31	5.67			11449	11450
0.96	6.09	6.26	6.45	1.22			19553	19923
1.65	10.20	NA	8.14	1.91				
0.95	5.81	6.73	6.64	1.16				
1.86	11.72	NA	7.92	2.25				
2.72	17.61	NA	13.50	3.52	66350.5	65126	63000	62437
2.17	13.81	NA	11.15	2.80				
2.78	18.18	NA	13.81	3.69	21789	19647	17457	16071
3.53	18.18	NA	13.81	3.68	71935.5	74423	74617	77054
0.62	3.82	NA	0.79	0.60	3120	3027	3105	3237
1.66	11.03	NA	8.76	2.21				
0.63	5.24	NA	5.38	0.87				
1.29	7.78	NA	7.41	1.60				
0.75	5.04	NA	5.25	1.16	931	831	896	810
0.08	0.96	3.33	0.39	0.11	21440	31045	54353	83321
2.81	17.48	NA	12.64	3.32		12570	13064	14184
3.80	20.72	NA	14.46	3.99	270072.5	260125	266686	276129
1.79	11.36	NA	8.80	2.20				
1.53	9.80	NA	8.23	1.91				
0.76	5.98	7.53	6.51	1.11				
1.36	8.18	NA	8.22	1.65				
1.84	15.72	NA	10.72	3.23	694	601	579	517
1.25	6.91	NA	5.52	1.13	799	817	753	674
1.89	12.24	NA	9.61	2.25	1499	1444	1409	1398
1.46	9.84	NA	7.80	1.65	821	817	773	790
1.59	9.21	NA	8.37	1.43	1901	1947	2035	2252
1.58	10.53	NA	8.36	1.45	1662.5	1756	1921	2027
0.97	6.69	11.46	5.76	0.87	3480.5	3601	3661	3836

1.00	6.41	NA	5.73	0.92	3762	4222	4471	4691
1.33	9.17	NA	7.67	1.23	1847	1730	1866	1695
1.64	10.49	NA	9.36	1.76	3022	3246	3440	3715
1.01	6.27	7.98	6.82	1.26				
0.85	5.47	7.22	6.05	0.97				
1.32	8.75	NA	8.40	1.70	6386.5	6522	6221	6903
0.82	5.32	7.17	5.97	0.97				
1.86	10.62	NA	9.62	2.07			11210	11814
0.82	5.69	7.24	5.85	1.00	2091	2271	2360	2427
1.02	6.69	7.67	6.23	1.24				
0.46	4.77	NA	5.00	0.76				
0.61	5.34	6.92	3.33	0.50			5733	6012
0.67	5.15	8.54	3.69	0.57	1002	1051	1044	1078
0.84	6.13	10.26	5.01	0.74	1950.5	1996	2150	2304
0.77	7.31	11.20	6.01	0.93	4402	4550	4743	4783
0.98	6.76	9.87	5.24	0.67	11673	12176	12584	13004
0.60	5.00	8.39	4.10	0.39	14081	13643	13613	13178
0.59	5.62	9.22	4.67	0.50	85690	85853	87234	88449
1.02	8.31	11.93	6.51	0.96				
0.82	5.83	10.37	4.81	0.65				
0.91	9.05	12.92	7.44	0.81				
1.13	11.48	17.98	8.10	0.88			3681	3639
1.09	8.75	12.46	6.02	0.99				
1.19	8.35	11.55	5.94	0.73	17220	17006	16907	16489
1.32	9.43	12.97	6.27	1.08				
1.05	8.13	11.90	5.61	0.85	2409	2558	2692	2859
1.37	11.57	13.26	6.85	1.12				
1.54	9.73	NA	7.48	1.46	2263	2333	2304	2411
0.70	5.57	9.74	4.21	0.54	2214	2228	2325	2420
0.30	2.03	3.97	3.56	0.30	39926	40500	40331	38534
0.13	1.28	1.89	1.10	0.17				
1.87	11.22	NA	9.42	1.79	2927.5	3028	3123	3310
1.71	10.70	NA	8.86	1.61	1984.5	2176	2318	2474
1.22	9.29	13.85	7.37	1.23	2365.5	2541	2735	3056
0.50	5.37	9.60	4.67	0.70	9855	10971	11177	11923
0.13	0.77	1.60	0.90	0.14	72132	72459	70717	71536
0.04	0.39	0.43	0.11	0.02			15635	17954
0.04								
0.06	0.39	0.41	0.12	0.02			30410	28177
0.05	0.39	0.40	0.13	0.04			7830	6724
0.03	0.39	0.41	0.15	0.04			7653	5899
0.27	1.78	1.88	1.01	0.20				

0.03	0.39	0.48	0.12	0.02			15304	16570
0.05	0.39	0.40	0.11	0.03			49595	39053
0.06	0.39	0.32	0.10	0.03	301288	310704	305946	274057
0.06	0.25	0.27	0.06	0.02	83230	84233	90575	77607
0.07	0.55	0.88	0.40	0.07				
	0.25	1.49	0.10	0.01				
	0.35	1.63	0.09	0.01				
	0.25	0.98	0.06	0.01				
	0.35	1.63	0.09	0.01				
0.09					2932	3155	3115	
1.02	6.03	NA	6.38	1.25	889	870	983	900
1.28	7.60	NA	7.47	1.30	10580	10776	21435	19002
1.41	8.36	NA	8.09	1.42		21396	34310	35976
1.42	8.98	NA	8.78	1.54	35575.5	37403	38599	39384
1.55	3.00	NA	1.52	0.51	77344	80800	75164	77149
2.67	15.59	NA	12.35	2.63	47063.5	50754	54136	57747
	13.16	NA	10.93	2.35	6927	8081	9393	10558
0.99	5.88	NA	6.20	1.10	94	105	164	166
0.84	5.68	NA	6.21	1.19	115	94	96	102
0.85	5.19	10.58	5.67	1.07	1783	1672	1749	1537
2.42	14.30	NA	11.41	2.75	1699	1596	1600	1575
0.94	5.88	NA	6.75	0.52	3	3	4	2
0.35	3.57	NA	8.55	0.52				
1.06	12.36	NA	13.96	1.86	1581.5	1728	1889	2146
0.11	1.10	1.46	0.37	0.16	115779	111572	108808	109890
0.13	1.54	4.55	0.56	0.22				
0.17	1.97	5.48	0.82	0.29				
0.20	2.45	7.16	1.16	0.35				
0.09	1.10	4.75	0.63	0.15	390494	417201	445660	486950
0.28	2.60	4.44	1.69	0.37	87501	89235	95004	101824
0.27	2.74	4.27	1.75	0.39	25127	24949	25484	27160
0.62	9.04	NA	7.64	0.98	1081	1056	1215	1196
0.24	2.61	NA	1.66	0.38	3554	3733	3984	4196
0.45	4.64	NA	2.57	0.67				
0.73	6.95	NA	3.61	1.02				
0.33	3.29	NA	1.96	0.47				
0.55	5.45	NA	2.93	0.80				
0.92	8.84	NA	4.46	1.30				
0.39	3.91	NA	2.24	0.56				
0.46	4.57	NA	2.53	0.66				
	3.29	55.81	1.92	0.47				
	2.64	55.51	1.62	0.38				
0.17	2.33	NA	0.56	0.28				

0.35	4.26	NA	2.39	0.62	3323	3691	4321	4626
0.09	1.10	2.02	0.96	0.15	576744	599076	611570	622990
0.18	2.26	3.45	1.50	0.32	52389	55671	60841	63208
1.00	14.66	NA	18.38	2.15				16
1.76	23.22	NA	27.99	3.41				23
1.72	20.47	NA	20.00	3.14				13
0.97	15.27	NA	11.34	2.27				19
1.06	14.99	NA	15.66	2.19			1035	1228
0.80	7.17	NA	2.97	1.39				
0.40	4.44	NA	2.38	0.48				
0.44	4.14	NA	1.63	0.73				
0.40	3.57	NA	1.08	0.65				
0.79	9.38	NA	9.77	1.48				
0.46	6.00	NA	8.68	0.88	887	912	900	872
0.11							17921	21440
0.18	2.78	5.57	1.07	0.30				75546
0.13	2.88	6.29	1.09	0.25				
0.18	3.36	7.59	1.21	0.31				25349
	4.16	21.27	1.47	0.47				1844
0.18	3.80	7.76	1.33	0.30				37336
0.16	4.00	9.80	1.39	0.36				25289
0.18	1.03	1.02	0.31	0.08				3902
0.16	1.32	1.20	0.40	0.11				9293
0.16	3.16	5.77	1.21	0.28				
0.14	2.72	5.31	1.06	0.24				
	4.71	20.56	1.61	0.43				
	5.21	21.62	1.76	0.48				
	1.40	1.56	0.42	0.13				
0.24						350	281	312
0.12					409	375	317	
					100681	92843	84048	
					123629	135159	142880	
3.69	27.28	NA	12.04	6.29	713	662	647	558
3.50	25.82	NA	11.29	5.90	11085.5	10105	9159	8447

3.67	27.44	NA	12.39	6.19	788	790	678	600
2.99	25.24	NA	11.81	5.99	97	93	62	43
	3.29	NA	1.10	0.52	63483	64429	64219	42028
	1.82	3.69	0.59	0.18				26867
	2.27	5.76	0.78	0.20				188813
	2.50	12.60	0.83	0.24				4067
	3.12	11.24	1.03	0.29				33175
2.73	24.64	NA	10.50	5.64	4968.5	5803	5576	6154
0.59	8.05	NA	4.33	1.89	24763	23292	23277	22159
0.56	8.77	NA	4.62	2.07	119989.5	115827	111943	108432
0.43	5.26	NA	3.17	1.24	11161	10897	2225	1473
0.45	5.53	NA	3.26	1.30	47248.5	47760	7560	4555
	5.80	NA	3.64	1.37			301	364
	5.50	NA	3.37	1.30			7787	7868
	5.77	NA	3.47	1.36			34783	36731
	6.04	NA	3.70	1.43			1919	2637
	6.32	NA	3.68	1.51			506	384
	6.59	NA	3.83	1.56			326	249
0.22	3.39	NA	2.83	0.80	62643.5	62670	10281	9681
0.41	6.05	NA	3.49	1.42	39134	35444	2929	1232
0.18	3.29	NA	2.53	0.78	46631	43541	9977	9016
0.77	15.17	NA	8.14	3.58	59749	52377	51291	50871
	6.06	NA	3.67	1.43			4056	4209
	6.33	NA	3.78	1.49			13041	14870
	6.60	NA	3.93	1.56			14257	16677
0.23	3.50	NA	2.58	0.82		7460	8309	10082
0.14	3.00	NA	2.40	0.71		3215	4014	4695
5.33	41.32	NA	15.55	9.23	31094.5	31207	31489	31533
5.10	50.93	NA	19.18	11.45	8309	8073	7945	8063
4.56	33.75	NA	13.15	7.57	74561	69403	66051	65044
	30.00	NA	7.88	7.25				47
	16.18	NA	7.30	3.91				2
	64.00	NA	26.96	15.46				2
6.59	58.79	NA	19.84	13.12	1604.5	1726	1578	1773
6.26	89.50	NA	31.72	20.97				640
	6.00	NA	1.82	1.14				
	6.63	NA	2.02	1.26				
	4.73	NA	1.49	0.84				
	4.60	NA	1.45	0.82				
	8.15	NA	2.76	1.25				
	8.15	NA	2.51	1.92				
	9.11	NA	3.08	1.39				
	9.11	NA	2.79	2.16				
	16.00	NA	4.84	3.72				

	3.51	NA	1.43	0.48				
	3.51	NA	1.32	0.52				
	4.47	NA	1.80	0.61				
2.67							432	440
0.88							926	1967
	4.47	NA	1.54	0.99				
	9.00	NA	3.53	1.25				
	9.50	NA	3.42	1.42				
	3.51	NA	1.43	0.48				
	4.50	NA	1.39	1.02				
	5.22	NA	2.09	0.72				
	5.46	NA	1.66	1.25				
	9.89	NA	3.87	1.37				
	10.00	NA	3.32	2.21				
	4.04	NA	1.16	0.91				
	15.00	NA	4.38	3.41				
	9.50	NA	3.11	2.12				
2.46	21.54	NA	6.95	4.89				
2.33	23.79	NA	7.67	5.33			12977	12525
2.01	24.82	NA	7.64	5.53				
2.30	23.79	NA	7.60	5.37				
2.01	22.67	NA	7.24	5.30				
	2.06	NA	0.42	0.47				
1.18	6.74	NA	1.66	1.57			32515	28690
1.50	9.74	NA	2.53	2.27				
1.28	12.80	NA	4.94	2.74			12041	12140
0.44	4.12	NA	1.01	0.90				
1.70	11.98	NA	3.23	2.78				
0.76	5.34	NA	1.50	1.23				
2.00	16.85	NA	5.79	3.81				

2.68	21.16	NA	7.39	4.89	56899	53402	50662	48136
1.25	10.05	NA	2.53	2.37				
0.94	6.90	NA	1.60	1.58				
0.87					2139.5			
1.04					2506			
1.26	9.48	NA	2.85	2.25				
1.21					927			
0.83	6.03	NA	1.84	1.42				
0.69					37451			
0.67	10.05	60.56	3.22	2.06	10417	8843	7857	6839
0.58	6.90	44.00	2.07	1.48	900.5	757	679	678
0.51					27510			
0.57					78966			
0.62	6.60	36.73	2.21	0.93	34402	41260	50822	53776
0.34	5.10	34.75	2.05	0.72	262150	274832	286028	298437
0.71					84			
0.74					26			
0.43					918			
0.56					25710			
0.59					464			
0.69					11542			
0.01	0.18	0.53	0.07	0.02	208841	198176	3	
0.20	2.43	11.30	0.72	0.41	74985	72940	19951	17817
0.16	2.01	9.91	0.58	0.41	31233	23533	22267	20681
0.11								
	3.72	19.56	1.18	0.52	280065	297571	321230	335392
	1.00	6.31	0.30	0.13	64456	68292	69577	69987
0.27	4.67	26.60	1.47	0.71	79038.5	76080	78041	46158
0.31	5.27	27.86	1.75	1.08	61979.5	59743	58483	5936
0.44	6.29	49.59	2.10	1.26	30078	30313	30644	4893
0.07	1.01	4.28	0.35	0.19				
	4.17	26.15	1.25	0.87				3672
	5.53	30.70	1.90	1.20				13726
	6.00	36.49	2.13	1.30				36534
	6.50	43.66	2.50	1.49				31401
	6.00	35.53	2.05	1.24				13974
	6.50	44.42	2.52	1.51				29580
	2.09	4.63	0.77	0.46				8938
	4.25	29.44	1.59	0.97				3678
0.31	4.90	33.24	1.62	0.84	136677	113568	58810	53343
0.38	5.27	19.04	1.55	1.04	62692	44405	41129	38543
0.47	6.29	37.41	1.88	1.14	119644	57020	55467	56256

0.07	1.01	3.22	0.31	0.12	31623	19658	20487	19624
	5.35	34.12	1.78	1.08			7285	6931
	6.99	35.42	2.39	1.57			22981	20430
	7.55	55.82	2.50	0.97			1345	1467
	8.15	52.69	2.76	1.81			647	476
0.01	0.18	0.28	0.07	0.02	249192	235775	229136	219913
0.37	5.30	37.32	1.80	1.12			68276	82747
0.18	2.65	5.28	0.76	0.56			7494	8514
0.37	5.30	27.99	1.81	1.07			69814	76906
0.18	2.65	5.66	0.82	0.52			11563	12636
0.55	6.98	50.25	2.47	0.67	971	822	711	689
0.08	1.74	NA	0.83	0.12				
0.08	1.74	NA	0.85	0.12				
0.17	1.74	NA	0.82	0.23				
0.08	1.74	13.35	0.76	0.17				
0.08	1.74	56.40	0.56	0.22				
0.08	1.22	57.47	0.49	0.30	1475	1651	1840	1930
0.13	1.67	37.94	1.14	0.12				
0.11	2.68	4.43	0.51	0.22	78	63	59	50
0.19	2.50	3.93	0.72	0.29				
0.11	1.92	6.50	0.72	0.17				
0.19	1.82	5.13	0.67	0.16				
0.19	1.20	4.51	0.61	0.11				
0.07	1.15	NA	0.24	0.10				
1.90	12.39	NA	5.21	2.87			7358	7292
1.96	13.29	NA	5.27	3.07			12480	11563
1.95	13.07	NA	5.49	3.03	2993	2678	2492	2210
1.23	11.90	NA	4.96	2.75	37185	36646	36418	35600
0.79							625	794
1.35	14.17	NA	6.21	3.29	4019	3716	3398	3227
1.66	12.03	NA	4.91	2.74			23255	21877
1.37								
0.29	5.20	46.24	2.84	0.67	60952	60323	60356	60060
0.47	7.99	159.28	2.73	0.71	610	704	721	785
	4.71	69.43	1.57	0.69			57749	52369

	7.35	35.44	2.10	1.29			122	73
	7.35	37.12	2.28	1.06			4058	4601
0.33					13436	13907	14734	
0.29					4315.5	5063	1781	
1.48					28333.5	31478	33770	36920
0.60					116842.5	51981	51741	52456
0.31					29503	5587	4688	4965
1.17					4829	1679	1515	1399
0.59					1349.5	210	269	222
0.15						2897	3333	
0.60						358	330	287
	8.00	NA	2.30	1.39				10307
	7.06	NA	2.04	1.18				3906
	5.00	NA	1.49	0.73				3521
	2.74	NA	0.81	0.40				5573
	8.15	79.95	2.31	1.76		11133	11309	11676
	10.00	120.28	2.87	2.14		37131	38499	39599
	3.73	20.69	0.96	0.82		3140	3142	3124
	4.25	68.47	1.15	0.92		6073	5731	5670
	9.00	98.14	2.58	1.86		30764	31111	31070
	12.00	298.50	3.58	2.65		21844	25046	28625
	10.49	244.68	3.03	2.28		33175	32761	33188
	14.50	405.17	4.23	3.21		9639	12279	14381
	11.00	141.52	3.09	2.34		23037	24163	25938
	14.05	291.42	4.13	3.08		12263	15287	19196
	13.80	219.18	4.11	3.04		3459	3345	3531
	15.00	361.42	4.49	3.28		1192	1457	1403
	4.00	29.66	1.12	0.85		7136	7999	8817
	6.50	33.78	1.81	1.41		2743	3728	4434
	5.50	103.53	1.65	1.23		384	332	416
	7.80	106.65	2.46	1.64		100	84	131
	9.00	106.38	2.72	1.58				
	4.25	64.81	1.16	0.86				
	6.29	111.91	1.92	1.00				
	2.97	54.15	0.84	0.58				
	9.00	125.54	2.78	1.42				
	10.05	206.56	3.11	1.26				
	11.99	263.45	3.80	1.22				
	14.00	177.31	4.45	1.48				
0.21								9070

0.19								7709
	1.80	37.50	0.50	0.40				
	1.44	4.40	0.39	0.33				
0.36	3.05	5.23	2.35	0.63	19766	19320	18380	17487
	30.00	NA	11.04	6.91			577	256
0.91					64593.5	62408		
1.44	10.78	NA	4.89	2.52	1221	660	435	332
	9.13	NA	4.96	2.13	508	585	701	736
0.48	7.71	9.55	3.87	1.63	13974	13832	14743	15813
0.48	9.66	10.78	4.45	2.01	9141	9481	10386	11311
0.54	3.93	5.49	2.87	0.90	2608	2556	2340	2435
0.05	1.08	3.46	0.55	0.14				
0.07	1.37	3.29	0.69	0.09				
0.60	7.95	NA	5.69	1.39	923.5	942	961	868
1.13	8.49	NA	4.61	1.46			1478	1517
1.15	12.00	NA	5.65	1.55	7078	9037	9052	9912
1.91	15.60	NA	8.20	3.00			2088	2364
0.82							9996	9000
	5.44	NA	2.35	1.31				
	7.25	NA	2.88	1.74				
0.05	1.22	2.30	0.73	0.17	37498	38663	41530	40044
0.38	3.78	8.43	4.35	0.57				
0.13	1.23	4.80	2.45	0.20			1180	1364
0.28	2.37	5.72	3.08	0.39			6983	6704
0.11	1.34	6.24	3.53	0.20			1300	1073
	3.50	24.64	7.04	0.51				2398
0.65	9.78	NA	9.34	1.43	1654	1496	1412	1301
1.43	17.16	NA	11.01	2.57	4592	4753	4871	4978
1.65	19.53	NA	12.06	2.94	1567	1593	1610	1613
0.59	6.14	NA	4.94	0.93	2097.5	2034	2048	1978
	2.49	NA	1.63	0.37				
	2.79	NA	1.76	0.40				
	2.79	NA	1.73	0.42				
	3.51	NA	1.52	0.59				
	3.07	NA	1.85	0.45				
	3.31	NA	1.93	0.51				
	1.52	3.66	0.66	0.23				
	1.82	3.91	0.79	0.28				
0.13	1.52	6.00	0.98	0.23	15082	15007	14997	14569
0.15	1.82	5.80	1.11	0.26	441	509	523	477
0.15	1.82	8.23	1.10	0.27	4123	3859	3681	3740
0.30	2.43	NA	1.38	0.31	110	88	57	28
0.28	2.54	NA	1.43	0.33	247	266	221	223

	2.39	6.67	1.39	0.34				21
	4.30	NA	2.22	0.56				
	3.50	NA	1.64	0.60				
	4.73	29.44	2.36	0.64				
	3.50	NA	1.82	0.47				
0.22	2.54	8.98	1.37	0.41	1671	1664	1505	1565
0.20	2.40	9.07	1.38	0.31	106	79	88	64
0.26	2.90	9.38	1.54	0.44	273	214	176	187
0.24					716	693	738	722
0.17	2.10	29.83	1.22	0.30	2954	3038	2910	2840
0.19	2.34	8.14	1.30	0.36	2554	2757	2680	2492
0.28	2.99	16.37	1.61	0.41	664	608	547	512
0.34					4153	4359	4771	5241
	3.59	16.46	1.88	0.49				
0.23	2.90	8.13	1.59	0.37	423	496	482	566
0.34	3.69	9.48	1.85	0.44	366	435	411	392
	4.17	NA	2.10	0.58				
0.17					2005	2148	2232	
0.19	2.19	6.36	1.27	0.30	399111	397520	388376	378815
0.21	2.49	8.19	1.41	0.33	13502	14788	15676	16245
0.43	3.57	NA	1.88	0.46	827	848	879	1080
0.43	4.26	NA	2.19	0.55	676	701	661	713
0.22	2.49	8.47	1.40	0.33	1440278	1469536	1476179	1457498
0.56	7.25	NA	3.50	0.96	265	314	370	431
0.21	2.59	NA	1.39	0.36	2889	3109	3737	3695
0.53	4.83	NA	2.45	0.61	22973	26392	28841	30985
0.33	4.37	NA	2.18	0.58	2504	2263	1961	1986
0.37	4.50	NA	2.31	0.57	14560	15757	16735	17901
0.26	3.18	13.79	1.66	0.48	12873	12605	12830	13320
0.34	3.66	NA	1.82	0.56	122884	121586	113807	108755
0.27	3.21	8.17	1.71	0.45	27419	28306	29073	28949
0.23	3.01	8.21	1.64	0.39	99050	102871	104698	104276
0.22	2.77	27.38	1.53	0.37	86888	91802	95886	98596
0.26	3.07	9.42	1.61	0.47	6942	6514	6112	5870
0.29	3.57	10.14	1.88	0.48	26727	26940	27388	28579
	4.83	NA	2.44	0.60				
	4.97	NA	2.49	0.65				
0.35	3.66	16.61	1.93	0.47	52824	54055	54025	55446
0.32					3536	3958	4346	4480
0.36	4.25	NA	2.19	0.57	43	89	56	117
0.33					15303	16695	16892	17830
0.35	4.14	NA	2.15	0.52	32330	34919	38244	41103
0.43	5.95	NA	2.93	0.76	12299	11345	10008	9064
0.46	6.25	NA	3.07	0.81	1567	1329	8351	8384

0.54	6.60	NA	3.22	0.85	57558	57878	59551	59404
0.54	6.60	NA	3.23	0.86	804	683	739	640
0.65	6.73	NA	3.28	0.86	44428	45885	48176	49078
0.73	8.03	NA	3.85	1.04	2730	2786	2761	2684
	4.17	NA	2.05	0.59				
0.54					311	236	196	186
0.54					35681	36493	37505	37770
0.60					19974.5	20375	22012	22498
	4.26	16.55	2.19	0.55				
0.54					11625	12486	13779	14519
0.54					376	302	426	390
	2.24	NA	0.99	0.29	3548	4025	4014	4337
	8.58	NA	4.10	1.11				
	6.96	NA	3.38	0.90				
	8.94	NA	4.25	1.16				
	7.00	NA	3.40	0.90				
	8.02	NA	3.85	1.04				
0.11	1.38	4.46	0.92	0.18		75573	77045	76496
0.11	1.51	25.75	0.97	0.19	3573	3070	2825	2720
0.20					1776	1752	1780	1290
0.24					1446	1561	1396	1302
3.05	27.79	NA	14.18	6.41				
2.75	22.95	NA	11.02	4.88	9430.5	9841	10377	10436
3.67	31.92	NA	14.44	6.52	6071	6557	7126	7423
0.08	0.97	5.16	0.71	0.13	2048	2097	2171	2256
	1.48	26.70	0.94	0.23				
0.12	1.27	7.65	0.86	0.17	1343	1475	1312	1458
0.21					270	221	255	253
	2.95	NA	1.29	0.35				
0.15	1.30	5.43	0.76	0.18	923	965	1149	1205
0.20	1.60	7.90	0.94	0.23	753	849	951	1068
0.26	2.82	6.77	1.48	0.45	5073	5000	4768	4769
0.27	3.12	9.09	1.64	0.45	1944	1976	2109	2220
0.32	3.84	8.30	2.01	0.50	47	33	25	31
0.34	4.22	17.01	2.15	0.57	190	199	219	185
0.34	3.63	7.71	1.80	0.55	739	688	657	592
0.42					241	207	180	162
0.38	4.13	8.67	2.06	0.60	1182	1325	1427	1452
0.39					14	12	16	13
	4.44	87.43	2.17	0.67				
	4.80	NA	2.36	0.73				
	5.60	NA	2.64	0.81				
	3.12	8.53	1.62	0.48				
	3.33	13.55	1.71	0.51				

	4.20	NA	2.07	0.64				
	5.06	NA	2.42	0.79				
	4.24	NA	2.09	0.65				
0.22						246	217	223
1.14	9.45	NA	5.73	2.26	16806.5	17745	18254	18788
1.35								
	8.13	NA	7.62	1.64	3422	3248	3146	3080
	12.13	NA	9.04	2.27	2065.5	2171	2092	2111
0.08	0.84	3.78	0.67	0.12	69122	66853	63257	59534
0.09	1.14	5.99	0.82	0.15	37285	37968	37291	37177
0.16	1.86	6.69	1.11	0.28	271	267	297	311
0.15	1.65	8.01	1.01	0.25	2104	1908	1729	1488
0.20	2.10	14.94	1.23	0.28	3323	3294	3252	3433
0.11	1.14	6.91	0.80	0.16	2450	2455	2628	2822
0.21	2.20	NA	1.02	0.32	943	1005	1085	1039
0.19	2.15	6.77	1.24	0.30	4583	4502	4508	4690
0.26					1665	1714	1675	1701
0.15	1.35	12.37	0.89	0.20	1038	1078	1176	1209
0.19	2.22	NA	1.29	0.29	3354	3413	3504	3669
0.30	3.08	NA	1.68	0.39	326	337	349	368
0.23					467	468	491	468
	2.91	85.33	1.55	0.40				
	2.82	NA	1.49	0.38				
	3.62	NA	1.83	0.53				
	1.78	14.54	1.06	0.26				
0.36					750	833	561	580
0.30	3.36	6.94	1.75	0.48	758465.5	682983	614713	551489
0.39	4.38	8.61	2.20	0.61	852	907	847	874
0.35	3.66	9.18	1.91	0.49	829160	848561	901512	932890
0.30	3.66	8.68	1.91	0.48	54862	58865	66682	72823
0.41	4.76	17.17	2.40	0.62	21136	22052	22076	23203
0.48					56440	55289	53852	53253
0.38	4.17	9.83	2.07	0.63	179190	166795	156666	144620
0.42	4.67	8.68	2.35	0.63	640634	669218	685596	718822
0.39	3.87	14.21	1.97	0.55	2152	2216	2202	2151
0.48					655	655	690	644
	4.98	87.40	2.42	0.72				
	5.34	NA	2.60	0.75				
	6.14	NA	2.87	0.91				
0.42	4.74	NA	2.38	0.61	577	751	843	906
0.42	5.60	NA	2.76	0.75	137	107	122	132
	4.78	NA	2.12	0.69				
	4.30	15.86	2.11	0.66				
0.39	3.59	8.46	5.10	0.66	1640	1585	1509	1465

0.16	1.42	3.89	1.90	0.23			12902	12541
0.22						3223	3339	3478
9.96	90.00	NA	44.39	21.66			1272	1376
8.44								8
0.96	15.22	125.61	5.74	1.37	1601	1688	1588	1921
0.43	4.76	NA	4.40	0.42	7223	8050	8536	9025
0.12						5768	5497	5304
0.04						17215	16851	16357
0.46						2378	2092	2080
0.62						5138	5058	5108
0.33					10725	11178	11469	11770
0.37								234
	1.80	8.59	0.81	0.17				
	4.25	18.54	1.57	0.44				
	6.00	31.20	2.16	0.72				
	8.03	37.74	2.78	0.96				
	4.50	26.26	1.68	0.58				
	2.88	19.98	1.14	0.26				
	1.83	9.37	0.82	0.24				
	6.60	120.38	2.35	0.58				
	9.00	129.63	3.09	0.80				
	10.75	133.28	3.69	0.96				
	5.61	27.29	2.01	0.58				
	2.50	11.56	0.78	0.59				
	3.07	33.88	1.08	0.74				
	4.29	18.30	1.40	0.43				
0.65							65	52
1.46	10.47	NA	6.11	2.48	116093.5	115928	116906	114008
1.58	11.47	NA	6.51	2.72	59873	58699	56205	52278
1.80	17.48	NA	9.35	4.15	17084	15580	14484	13121
1.95	18.48	NA	9.73	4.42	4201.5	3808	3278	2821
0.28	4.70	10.06	1.90	0.42	2518	2215	2002	1798
0.24						437	397	357
0.20						21460	22575	23655
0.24						1299	1188	1126
0.22						7775	7709	7724
0.08					153121	169472		
0.09					7564	7409		
	1.24	4.06	0.75	0.16			16497	14513
	2.00	6.15	0.97	0.18			171405	187866
	2.00	NA	0.72	0.42			2315	2295
	4.25	20.21	1.51	0.37				
	4.25	20.23	1.52	0.37				
	4.50	15.79	1.62	0.47				

	4.21	36.08	1.68	0.43		2753	3475	4207
0.21					5149			
0.74	4.21	NA	1.53	0.97	6572	5034	4422	3824
0.83	6.29	NA	3.32	1.44				
1.03	7.96	NA	5.22	1.88	80557.5	79378	77912	74776
1.27	9.09	NA	5.70	2.17	12065	12326	12109	12202
1.59	11.48	NA	6.54	2.72	2611	2562	2598	2588
0.99	7.08	NA	5.00	1.68	9475.5	9457	9283	9484
	11.92	NA	6.83	2.80	6869.5	7150	7679	7423
	14.94	NA	8.42	3.52	2876.5	3217	3508	3756
	13.76	NA	7.48	3.23	5942.5	6449	6613	6783
	16.84	NA	9.10	3.94	2672.5	3098	3275	3542
0.20						790	824	881
0.16	2.63	14.54	1.22	0.26	29504	30748	31556	32362
3.82	39.88	NA	21.02	9.31		9916	9861	9983
0.12	2.00	13.29	0.64	0.17				5615
0.20						21968	22486	22182
0.25						12039	12280	12655
0.05						28959	29317	25143
0.21	3.37	NA	1.47	0.32				3450
0.09						29456	31605	33684
	3.15	11.35	1.40	0.28				
	1.10	3.39	0.72	0.10				
	4.25	19.33	1.76	0.37				
	4.00	21.16	1.68	0.36				
	1.82	11.41	0.95	0.16				
1.39	21.36	NA	9.76	2.43	783.5	619	529	387
1.73	25.36	NA	10.50	2.91	1528	1714	1748	1878
0.65	9.77	9.65	5.44	1.11	54419	57460	59482	59171
1.45	16.79	NA	8.32	3.03	3584	2905	2899	3167
	3.16	11.48	1.05	0.35				
	4.21	25.43	1.74	0.37				
	5.50	27.06	2.18	0.49				
	7.05	32.63	2.68	0.62				
	4.03	43.86	1.34	0.47				
	3.80	17.53	1.26	0.36				
0.31	4.49	NA	3.29	0.51	6142	6189	5973	6027
	2.70	3.46	1.17	0.29	13946.5	14090	13985	13944
0.06	0.88	1.38	0.31	0.10				
0.04	0.50	0.99	0.24	0.06				
0.04	0.50	1.44	0.31	0.06				
0.10	1.47	2.05	0.71	0.16				
0.14	1.50	1.43	0.64	0.16				
0.18	1.71	5.56	NA	0.16	25230	16173	13276	10711

	2.11	6.51	NA	0.20	5551	4741	3970	3590
	2.11	6.58	NA	0.19	78550	74602	73108	72214
	2.51	6.87	NA	0.23	102506	99664	94786	87182
0.06	0.17	0.25	NA	0.02	10546	10160	10107	11761
0.11	0.17	0.26	NA	0.02	631519	618202	603095	583158
0.20								
0.16	1.53	3.75	NA	0.15		183919	183978	178904
0.20	1.10	4.75	NA	0.12		17041	17926	19320
0.22								
0.17	0.80	2.29	NA	0.07	156207	153944	150115	142263
0.08	0.00	0.52	NA	0.02				
0.14	2.23	3.31	1.14	0.25	908544.5	920672	934549	928183
0.26	3.50	14.73	1.18	0.39	21169.5	20857	20747	21204
0.22	4.05	14.99	1.37	0.45	54400	53009	51059	48946
0.33	4.62	NA	1.95	0.52	25704	26048	27164	27017
0.39	5.44	NA	2.26	0.61	30520	31713	31877	32153
0.69	7.50	NA	2.95	0.85	24006	23932	23786	23350
0.20	2.75	4.65	1.32	0.31	111095	104459	99495	94655
0.21	2.82	10.66	1.34	0.32	140493	149782	164506	172055
0.43	5.35	NA	2.23	0.60	2325	2476	2528	2487
0.46	5.85	NA	2.39	0.65	297	306	297	301
0.51	6.55	NA	2.63	0.74	33	37	30	28
0.55	7.05	NA	2.79	0.81	2654	2774	2962	3132
0.58	7.55	NA	2.97	0.86	487	575	602	620
0.65	8.58	NA	3.31	0.98	114	212	283	262
0.41	5.75	NA	2.33	0.64	19303	19898	20837	21008
0.49	6.75	NA	2.69	0.76	16589	17699	19840	20477
0.57	7.50	NA	2.95	0.85	35333	39918	45576	50345
0.52	8.00	NA	3.12	0.90	6876	7153	7523	7704
0.63	9.00	NA	3.46	1.02	934	954	1049	1044
	8.00	NA	3.08	0.90				
0.68	8.69	NA	4.08	0.99	491	497	445	386
0.60	8.14	NA	4.95	0.92	4914	4665	4486	4303
0.87	15.26	NA	7.31	1.73				
0.47	4.79	NA	3.71	0.53	1979	1928	1900	1787
0.79	12.15	38.24	6.31	1.38	30107	28789	27500	26018
0.99	13.00	NA	7.14	1.47	1914.5	1885	1933	1971
0.67	10.08	47.27	6.20	1.15		12766	11324	10140
0.95	14.52	NA	7.08	1.63	5328	5056	5196	5269
1.10	15.18	NA	7.79	1.70	1268.5	1315	1265	1313
0.50	5.30	NA	3.38	0.64	4208	3922	3529	3275
0.66	8.46	NA	5.06	0.99	1284.5	1292	1264	1262
0.11	2.58	3.31	1.14	0.29				
	6.28	NA	3.72	0.72			1569	1339

1.61	21.36	NA	9.91	2.45			2095	1846
1.73	21.36	NA	9.91	2.42			308	286
2.03	25.18	NA	11.21	2.88			2296	2151
2.17	21.36	NA	16.54	2.38	12664.5	15315	13329	13161
1.38	13.60	185.09	6.86	1.61	3703	3285	2411	2025
0.33	3.08	2.91	2.23	0.44	1864	1848	1965	1816
0.90	7.53	NA	5.98	1.40	2360.5	2524	2648	2585
0.43	5.40	6.36	2.43	0.48	5266	4047	3738	3451
	2.69	2.72	1.29	0.20		6999	9043	10810
0.62	11.50	NA	6.21	1.37				
0.65	11.50	NA	6.31	1.39				
0.97	14.44	NA	7.46	1.73				
1.32	15.94	NA	8.04	1.91				
0.90	11.15	NA	6.91	1.30	2127	2364	2853	2797
1.12	12.13	NA	6.79	1.41	47685	43442	33750	29371
0.40	3.33	5.08	1.65	0.40	1906	1878	1827	1722
0.57	4.74	6.13	2.25	0.59	38647	40205	40219	41635
0.74	6.16	NA	2.78	0.76				
0.84	6.99	NA	3.11	0.83				
1.21	9.99	NA	4.31	1.22				
0.63	5.20	6.02	2.38	0.63	134	143	169	212
0.74	6.16	40.21	2.79	0.74	6112	6084	6031	5189
1.40	11.59	NA	5.97	1.61	1832.5	1827	1782	1588
1.34	11.35	NA	5.51	1.64	9974	10624	10952	11158
0.24						297	322	307
5.50	32.16	NA	20.27	7.88	3985	4141	4371	4349
3.22	14.37	NA	5.76	3.49	1581	1759	1781	1922
3.52	18.01	NA	7.69	4.39	1266	1411	1514	1376
0.40	1.71	NA	0.85	0.44	31	37	42	38
0.38	1.61	NA	0.64	0.42	48	60	66	62
1.14	6.31	5.27	2.50	1.50	818	1117	978	1164
1.98	11.16	9.65	4.42	2.58	856	1048	1119	1028
0.50	2.47	2.26	0.98	0.57	1459	1709	1628	1542
6.25	35.64	NA	22.09	9.24	3242	3354	3582	3526
3.80	16.13	NA	6.43	4.07	1204.5	1385	1512	1584
4.13	21.47	NA	9.62	5.52	1204	1239	1215	1280
5.87	33.87	NA	20.78	8.85	91	91	94	91
3.59	16.09	NA	6.34	4.21	29	45	49	52
3.89	19.73	NA	8.23	5.17	29	34	39	43
6.61	36.16	NA	22.24	9.47	34	15	27	24
4.17	16.66	NA	6.56	4.07	23	16	23	13
4.50	22.00	NA	9.86	5.76	5	12	11	14
1.32	11.19	NA	7.18	2.10	8651.5	8579	8481	8225
1.64	14.79	NA	9.28	2.92	792	754	655	546

2.20	17.16	NA	9.16	3.94	305	294	322	325
2.82	19.18	NA	9.14	4.26	333.5	356	343	368
3.27	23.48	NA	10.74	5.26	131	154	136	128
0.17	2.10	NA	1.04	0.35			696	658
	3.75	NA	1.76	1.49		10117	11875	12093
	3.18	NA	1.44	0.49		8595	9636	10609
	3.75	NA	1.79	1.35		3439	3714	4658
4.46								
0.79					22553.5			
	13.93	NA	10.33	5.75	4956	5165	5165	5433
	3.48	NA	1.64	1.44	3509	3704	4067	4694
	19.85	NA	13.01	8.02	3157	3187	3403	3610
	4.81	NA	2.26	1.93	588	733	671	813
	2.25	NA	1.40	0.93	5081.5	5174	5228	5649
1.59	6.05	NA	6.78	2.30	5020	5035	5464	5708
0.41	5.00	13.30	4.41	0.40	1023	946	939	646
0.19	2.66	3.94	1.56	0.34	625	601	707	708
0.13	1.54	3.49	0.78	0.16		57456	57059	55748
0.58	9.03	NA	6.40	1.01	744	527	487	364
0.23	3.00	6.29	1.71	0.29	19379	16897	15888	13490
	2.29	4.37	1.04	0.21				
	2.29	4.64	1.09	0.21				
	2.25	4.34	1.03	0.21				
	2.35	4.84	1.08	0.21				
0.12	1.91	4.85	1.09	0.16	184739	200029	213393	217387
0.09	1.54	4.71	0.92	0.14	888396	913638	925206	901457
0.12	2.04	4.61	0.72	0.16	43417	42564	38767	35943
0.11	1.87	2.88	0.78	0.16	39785	36159	28934	23675
1.02	6.05	NA	4.49	1.16	6433	6825	6859	6458
0.71	3.55	NA	3.45	0.69	1269	1332	1360	1293
0.34	4.33	NA	3.82	0.98	515.5	587	615	535
0.80	5.00	NA	4.38	1.16	146	145	94	84
1.18	5.60	NA	4.45	1.26	6267.5	7352	7694	7701
0.86	3.93	NA	3.78	0.95	1190	1221	1299	1200
0.03	0.48	0.66	0.21	0.05	12783	13647	7415	7646
0.06	0.67	0.89	0.28	0.07	186812	189152	53953	52221

	0.67	2.71	0.30	0.07			49452	45444
	0.90	2.65	0.37	0.09			66458	83540
3.01	13.18	NA	11.03	4.00			38564	38475
4.26	18.76	NA	13.66	5.27			19719	19063
3.99	17.95	NA	13.54	6.04			8148	8296
3.56	17.25	NA	13.03	5.24			2854	3000
3.24	15.37	NA	12.10	4.64	81700.5	84781	90927	95199
0.72	3.47	NA	1.69	0.87	121058	123809	129606	129725
4.76	21.86	NA	14.75	6.37	7342.5	7210	7695	7942
4.63	19.60	NA	13.80	6.13	28904.5	4932	2160	1313
0.96	4.04	NA	1.93	1.11	22850.5	4073	1540	780
4.22	30.93	NA	18.65	7.23				1306
	15.60	NA	11.06	6.39	418	398	413	437
	4.00	NA	1.89	1.65	81	55	52	100
0.53	7.15	30.43	4.18	0.67	40421	45391	48181	51578
2.44	10.92	NA	9.59	3.49	5338	5945	6809	6940
0.78								
	5.08	10.85	3.51	0.71	4206.5	3756	3726	3682
	11.00	NA	9.71	3.63	911	1115	1371	1709
	7.75	14.12	4.45	0.97	1173	1197	1264	1100
	11.52	NA	9.82	3.68	579	635	669	702
1.05	5.19	NA	4.34	1.11	12176.5	13306	14602	15269
0.89	5.30	NA	4.29	1.11	4540	5227	5659	6154
0.08							9853	5717
0.09	1.48	1.88	0.30	0.12	108601	124501	136009	139821
0.31	1.81	NA	0.36	0.14	11164	13398	15684	17790
0.07	1.32	2.70	0.75	0.14				
0.10	1.48	2.29	0.46	0.16	100047	108606	109498	121415
0.20	1.81	NA	0.36	0.14	6887	6781	7203	7330
0.09	1.50	1.91	0.31	0.12	104974	111121	120825	139455
0.18	1.63	NA	0.32	0.13	66283	66934	70473	67613
0.15	1.81	NA	0.47	0.17	5416	5513	5854	5464
0.13	0.75	1.46	0.50	0.07	268828	470454	939718	955136
	0.75	0.55	0.19	0.06				
0.11								
0.08								
0.10								
0.07								
0.12	2.29	4.27	1.34	0.20	43666	43107	40089	40535
0.10	1.20	1.93	0.52	0.11	32822	30408	24128	24288
0.11	1.90	4.23	1.20	0.16	803663	852187	871457	878150
0.08	1.00	1.44	0.43	0.08	422276	442912	435407	439261
	1.82	3.48	1.11	0.16	156447	171965	182126	192250
	1.16	1.43	0.49	0.10	139473	154649	163548	171989

	1.16	1.45	0.51	0.10	99009	109602	116657	122649
	1.52	3.30	0.99	0.14	565603	601392	643646	661184
	1.00	1.40	0.42	0.09	496403	534236	571640	589665
	1.00	1.41	0.44	0.09	312363	337198	363542	371965
0.07	1.22	2.35	0.82	0.10	7923	7903	8149	7916
0.08	1.35	3.89	0.88	0.12	20104	22492	23390	23420
0.01	0.18	0.26	0.07	0.01				
0.18	2.36	3.42	1.94	0.21				1619
0.19	2.32	3.47	1.86	0.23	40366	12174	7600	14590
0.51	5.44	17.15	2.62	0.62	14811	17378	17318	16295
0.13	1.81	3.33	1.73	0.23				
	0.60	2.92	0.21	0.07			91945	97392
	9.00	NA	7.26	2.90		675	688	782
1.60					695			
1.05	12.20	NA	5.41	1.45	8199	9283	10184	10029
0.19	2.45	4.77	1.86	0.31		9575	10568	10783
0.18					137642	148515		
0.06					296544	320537		
0.20					30245	33939		
0.07					65215	74625		
	3.84	7.99	2.42	0.31				44376
	1.32	4.03	0.56	0.11				77819
	3.78	7.92	2.40	0.30				186093
	1.16	3.71	0.49	0.09				318761
0.29	1.23	2.47	1.35	0.10	71836	69702	75159	73912
0.96	6.36	NA	6.78	1.22	3279	3345	3359	3387
0.95	8.07	NA	6.96	1.49	795	707	877	713
1.41	9.16	NA	9.07	1.69	996	1046	1083	1018
0.42	9.93	NA	13.41	0.74	907	938	942	957
0.04	0.84	0.99	0.58	0.05	32848	32769	31576	30837
0.64	15.36	NA	15.00	1.14	971	1022	974	942
0.44	7.81	NA	11.96	0.57	3061.5	2416	2393	2272
0.09	1.53	1.74	0.96	0.11	2783	3627	3784	48834
0.09					36275	39020	43487	
0.19	2.66	4.88	3.95	0.19			143270	144140
0.60	11.27	NA	15.36	0.83			12286	11925
0.74	12.57	NA	21.12	0.93			5729	5807
	14.00	NA	15.57	1.04				
0.71	15.00	NA	16.20	1.11		11141	12046	12836
	13.20	NA	15.08	0.98				
	9.58	NA	12.00	0.71				
0.40	10.58	NA	12.64	0.78		1790	1885	1964
0.20	3.00	5.17	3.47	0.22	79902	82118	81042	80374
0.11	3.42	5.65	5.14	0.25	549620	563827	591674	618877

0.63	11.08	NA	10.60	0.80	149455	155152	164891	173055
0.39	8.52	NA	8.80	0.59	1636937	1624823	1649075	1670647
0.12	1.44	1.34	1.30	0.11	1649893	2054115	2354753	2586732
0.58	12.13	NA	12.58	0.90		13619	14592	14928
1.04								
0.71	13.20	NA	13.25	0.99	1858.5	2008	2247	2355
0.85	14.50	NA	14.07	1.08	11485	11422	11283	10968
	16.33	NA	15.22	1.21		16439	16180	15249
	16.33	NA	15.22	1.21		22922	24176	24555
	17.40	NA	15.90	1.29		1206	1228	1228
0.37	8.80	12.78	9.71	0.64				
0.37	8.53	11.25	9.14	0.62				
0.73	14.06	NA	13.79	1.05	1626	1397	1300	1147
1.02	15.19	NA	14.51	1.13	12244	12927	13372	13972
0.44	8.31	12.64	10.87	0.61	3061	2929	2922	2891
0.83								516
	19.00	NA	17.68	1.41			11700	11668
0.44	6.36	7.87	7.38	0.46	119485	105324	96475	85552
0.65	6.36	8.33	7.38	0.46	11521	9910	8367	7441
0.02	0.47	0.34	0.30	0.03	532	497	325	279
0.63	4.39	4.96	4.01	0.32	84696	84478	83647	79923
0.44	8.38	NA	10.41	0.61			10270	11445
0.04	0.71	0.66	0.75	0.04				
0.19	3.75	9.25	5.26	0.29		2303	2061	2116
0.16	2.03	6.10	3.44	0.15		525	455	470
0.28	5.48	10.85	6.34	0.43		3143	3017	2822
0.36	5.93	10.68	6.63	0.46		28419	28030	28711
0.17	3.47	9.29	5.09	0.26		5072	4861	4580
0.15	2.03	6.02	3.43	0.15		252	192	146
0.30	5.48	10.85	6.35	0.41		2615	2400	2182
0.30	5.93	11.47	6.64	0.45		12594	12819	12985
0.04	0.85	0.87	0.54	0.05	6184	6002	6079	4447
0.02	0.49	0.64	0.46	0.04	26392	30365	28345	21949
0.05	0.82	1.97	1.59	0.05			46552	45170
0.10	1.54	3.86	2.65	0.11	32031	32272	33887	30843
0.13	1.74	NA	2.85	0.13				636
0.17	2.70	8.33	3.39	0.20			8539	8319
	2.10	16.00	3.47	0.16				323
0.03	0.81	1.94	0.49	0.11	99482	106358	112143	118341
0.06	0.77	1.96	0.49	0.10	34838	38059	41111	43282
0.05	0.61	0.72	0.26	0.07	1412292	1473462	1519636	1579059
0.07							578	449
0.05							9851	10648
0.21							45	36

0.13	1.57	4.02	2.03	0.23	42826	43862	43784	47319
0.69	2.06	3.27	1.29	0.30	6140	11176	13906	15568
1.06					9	12		
1.36	17.73	NA	15.15	2.60	1930	2242	2623	2656
0.03	0.18	0.72	NA	0.02			23054	21496
0.03	0.16	0.85	NA	0.02			14143	1217
0.16	0.84	1.67	NA	0.06		28027	12441	10270
0.13						5094	4534	4445
0.29	0.85	2.34	NA	0.06	5077781	5279897	5359161	5355439
0.35	1.13	3.34	NA	0.07	37988	38425	37681	35553
0.43	1.27	4.02	NA	0.08	217163	198380	174360	154377
0.30	0.85	3.02	NA	0.06			453157	457235
0.36	1.13	3.52	NA	0.07			17218	18942
0.43	1.27	4.41	NA	0.08			3915	3896
0.31	1.28	4.06	NA	0.08				
0.36	1.38	5.15	NA	0.09				
0.43	1.45	6.25	NA	0.09				
0.66	1.75	6.40	NA	0.12	127977	145505	161931	177903
0.66	1.75	6.36	NA	0.12	158990	174376	189285	205137
0.45	1.35	8.62	NA	0.10				
0.54	1.62	9.55	NA	0.11				
0.94	2.15	11.51	NA	0.14				
0.64	1.20	9.70	NA	0.09				
0.64	1.20	9.57	NA	0.09				
0.67	1.80	14.86	NA	0.12				
0.64	1.20	9.75	NA	0.09				
0.64	1.20	10.29	NA	0.09				
0.67	1.80	14.97	NA	0.12				
0.66	1.48	4.90	NA	0.09	806882	858112	885207	910983
0.78	1.78	7.07	NA	0.12			26585	24669
1.41	2.29	8.16	NA	0.15	956496	964941	960651	958177
0.03	0.18	0.43	NA	0.02	18956128	19220511	18815416	18283698
0.03	0.21	0.55	NA	0.02				
0.05	0.22	0.54	NA	0.02	13329285	13239148	12842666	12357705
0.06	0.27	0.66	NA	0.02				
0.06	0.31	0.84	NA	0.02				
0.06	0.38	1.37	NA	0.03				
0.06	0.31	0.83	NA	0.03				
0.10	0.46	1.82	NA	0.05				
0.03	0.18	0.72	NA	0.02				
0.00					231390	218727		

0.05	0.22	0.68	NA	0.02			258661	242451
0.05	0.27	0.72	NA	0.03				
0.06	0.27	0.76	NA	0.02				
0.07	0.32	0.99	NA	0.03				
0.36	1.02	3.97	NA	0.07	1371357	1429880	1475198	1545198
0.42	1.24	5.12	NA	0.08				
0.52	1.38	6.25	NA	0.09				
0.48	1.82	6.47	NA	0.12	592398	671288	750609	797782
0.03	0.15	0.45	NA	0.02				
0.05	0.22	0.69	NA	0.02	571186	588296	597712	606370
0.07	0.31	0.92	NA	0.03	454961	461244	454108	408789
0.08	0.36	1.19	NA	0.03	96026	93096	88623	108762
0.05	0.22	0.71	NA	0.02			331375	322329
0.06	0.22	0.73	NA	0.02				
0.05	0.22	0.74	NA	0.02	1824867	1863773	1867298	1861741
0.07	0.31	1.03	NA	0.03	912604	918356	911769	891518
0.08	0.32	1.40	NA	0.03	98452	105796	91164	88233
0.07	0.22	0.89	NA	0.02	24366	23581	30882	36080
0.36	1.07	4.04	NA	0.07	662933	746334	821644	875518
0.42	1.22	5.13	NA	0.08	19201	19630	20244	20303
0.52	1.27	6.25	NA	0.08	1908	1989	1899	2013
0.36	1.00	3.99	NA	0.07	94885	104638	113852	121616
0.42	1.22	5.14	NA	0.08	11365	12447	13667	14793
0.52	1.27	6.30	NA	0.08	1107	1113	1119	1269
0.36	1.00	3.97	NA	0.07	323319	345893	362961	374989
0.42	1.22	5.11	NA	0.08	54055	55065	55966	55819
0.52	1.27	6.23	NA	0.09	4156	4327	4160	4482
0.66	1.48	4.70	NA	0.10	486590.1	510360	520554	523192
0.79	1.78	7.21	NA	0.13			4429	4335
0.71	1.48	4.71	NA	0.10			186405	185513
0.79	1.78	7.12	NA	0.12			3565	3571
0.71	1.48	4.67	NA	0.10	1127051	1172929	1180259	1191228
0.78	1.78	7.09	NA	0.13			7119	7017
1.42	2.29	8.21	NA	0.15			102550	106041
1.42	2.29	8.22	NA	0.15			77310	79451
1.41	2.29	8.18	NA	0.15			265137	262462
0.03	0.17	0.70	NA	0.02	1721410	1770997	1800296	1818212
0.47	1.81	6.63	NA	0.13	113124	118637	5525	2832
0.36	1.09	2.93	NA	0.07	1925530	130556	136053	139599
0.41	1.16	5.10	NA	0.08	2369940	39149	35121	34766
0.48	1.22	6.00	NA	0.08	442330	8470	7189	6285

0.51	1.46	8.95	NA	0.10				
0.60	1.73	9.69	NA	0.12				
1.02	2.26	11.77	NA	0.15				
0.05	0.17	0.60	NA	0.02				
0.29	0.91	1.78	NA	0.06		8832	8694	8062
0.26	0.91	1.76	NA	0.07			845	837
0.26	0.83	1.70	NA	0.06		39540	37987	34927
0.39	1.33	2.16	NA	0.09		9538	9497	9527
0.26	0.76	2.45	NA	0.05	87042	88175	91998	90575
0.00						67870	63648	61806
0.00							1012	913
0.05	0.18	0.61	NA	0.02	2172106	2258996	2295569	2365266
0.05	0.16	0.63	NA	0.02			351596	350733
0.03	0.15	0.60	NA	0.02				
0.05	0.17	0.68	NA	0.02	292588	309055	318675	329281
0.03	0.16	0.54	NA	0.02				
0.03	0.16	0.64	NA	0.02				
0.03	0.17	0.80	NA	0.02	876970	913113	926104	943560
0.03	0.16	0.55	NA	0.02				
0.03	0.17	0.67	NA	0.02	916888	971220	1004691	1026970
0.03	0.13	0.73	NA	0.02				
0.30	1.00	3.95	NA	0.07	69732	73799	76848	81227
0.36	1.16	5.01	NA	0.08	9665	10970	12101	13320
0.44	1.22	6.49	NA	0.08	1638	1716	1740	1817
0.47	1.81	7.26	NA	0.12			2946	3425
0.45	1.35	8.79	NA	0.10	29137	29766	28598	29352
0.45	1.35	5.18	NA	0.10	411261	423056	414698	418324
0.03					504197	506017	503814	512649
	0.18	0.64	NA	0.02				
	0.22	0.92	NA	0.02				
	0.27	1.15	NA	0.03				
0.05					2445177	2488420	2481339	2480857
0.05							361745	369948
	0.22	0.88	NA	0.02				
	0.29	1.05	NA	0.03				
	0.31	1.25	NA	0.03				
0.05								263
0.15					25145	24845		
0.05					531186	550549	552113	557587
	0.16	0.60	NA	0.02				
	0.18	0.71	NA	0.02				
0.03	0.16	0.69	NA	0.02	2120952	2104880	2075190	2062404

0.05	0.18	0.80	NA	0.02	1813102	1897312	1986195	2060094
0.05	0.22	0.87	NA	0.02	1064370	1107446	1145523	1203338
0.03	0.16	0.83	NA	0.02			338658	331430
0.17	0.54	2.65	NA	0.05	17989	20039	25533	31954
0.03	0.16	0.62	NA	0.02			483670	482720
0.03	0.16	0.66	NA	0.02			259113	255996
0.03	0.17	0.69	NA	0.02	1155261	1192124	1186461	1202321
0.03	0.16	0.55	NA	0.02	838983	816760	790406	763517
0.03	0.17	0.63	NA	0.02	2164170	2257837	2350245	2402353
0.03	0.16	0.58	NA	0.02				
0.03	0.13	0.64	NA	0.02				
0.30	1.00	3.96	NA	0.07	183803	196640	206319	217088
0.36	1.16	5.11	NA	0.08	37207	36884	33322	32898
0.44	1.22	6.41	NA	0.08	4147	4303	4095	4310
0.47	1.90	7.83	NA	0.14	16643	15302	13583	13547
0.45	1.35	8.79	NA	0.10				
0.54	1.62	9.61	NA	0.11				
0.94	2.15	11.81	NA	0.14				
0.45	1.35	5.19	NA	0.10	599170.2	608880	614800	615081
0.03	0.18	0.46	NA	0.02	1941697	2024697	2058836	2050393
0.05	0.23	0.74	NA	0.02				
0.05	0.27	0.75	NA	0.03				
0.06	0.32	0.90	NA	0.03				
0.35	1.19	2.93	NA	0.08	1936054	138193	115716	104956
0.42	1.27	5.12	NA	0.08	2236657	176030	154497	142374
0.49	1.40	5.87	NA	0.09	859320	144301	123707	114873
	2.20	8.55	NA	0.15			128849	147223
0.47	1.82	6.67	NA	0.12	168170	177183	59598	52444
	1.74	3.76	NA	0.11		1897940	1992265	2033682
	1.82	6.81	NA	0.11		2182760	2303426	2373310
	2.01	7.76	NA	0.13		653395	619437	592988
0.51	1.46	7.78	NA	0.10				
0.60	1.73	10.89	NA	0.12				
1.02	2.26	11.80	NA	0.15				
0.08	0.36	1.79	NA	0.03				
0.08	0.46	1.99	NA	0.04				
0.09	0.53	3.01	NA	0.04			396073	384699
0.14	0.69	3.21	NA	0.05	33487	31009	29047	26590
0.17	0.99	4.91	NA	0.07	30104	26747	23778	19386
0.00						18641	18129	17494
0.19						6076	5707	5859

0.14								398
0.13	0.49	2.54	NA	0.04	29266	25689	21212	17317
0.00	0.00	0.00	NA	0.00				
0.00	0.00	0.00	NA	0.00		44130	43272	39092
0.24						21860	22216	22847
0.24						13756	13832	13742
	2.40	9.20	NA	0.15			39666	39949
0.50	2.40	8.10	NA	0.17	86448	87226	86689	90026
0.72					32018	29199	26840	
0.72					33250	32113	29942	
0.72					36443	35018	33133	
0.72	1.14	3.32	NA	0.15				
0.72	1.31	3.80	NA	0.17				
0.70					9347	8019		
0.70					33533	26705		
0.17								
	1.71	7.18	NA	0.25	26526	24684	20461	18756
0.71	1.44	2.92	NA	0.10	320	336	350	395
0.71	1.44	2.95	NA	0.09	310	369	378	406
0.00	0.00	0.00	NA	0.00	33134	36341	38806	42184
0.00					18190	15903	16855	4493
0.00	0.00	0.00	NA	0.00		45961	48530	36683
0.00					61120	59299		
0.00								9141
0.00								7234
0.00	0.00	0.00	NA	0.00				
0.00	0.00	0.00	NA	0.00				
0.00	0.00	0.00	NA	0.00				
0.00					142149	56402	54568	55319
0.73					4343	5011	1617	
0.86	0.54	3.33	NA	0.08	133823	44975	52278	53882
0.46	0.36	2.07	NA	0.06	43837	1957	1813	2472
0.89	1.31	3.37	NA	0.15				6571
0.45	0.36	2.07	NA	0.04				1331
0.85	0.54	3.28	NA	0.08			283933	293880
0.00						2257	1997	1952
0.00						5363	5234	5204
0.14	0.72	2.23	NA	0.05		53738	56935	59645
0.00					27603			
0.00					9724			
0.00					277			
0.00					43			
0.00					12			
0.08	0.17	1.13	NA	0.03	136840	133761	135984	136579

0.10	0.58	1.97	NA	0.06	5315	5139	5407	5371
0.11	0.58	3.09	NA	0.04	583	467	541	344
0.14	0.58	4.29	NA	0.06	702	888	1018	951
0.10	1.55	3.24	NA	0.03				
0.10	0.94	1.90	NA	0.02				
0.12	0.94	1.66	NA	0.02				
0.12	0.66	2.00	NA	0.02	19128	16747	18286	21455
0.08	0.54	1.67	NA	0.02				
0.08	0.54	1.83	NA	0.02				
0.10	0.56	2.68	NA	0.04	592261	647021	685376	732876
	0.73	2.26	NA	0.05				
	0.68	1.77	NA	0.05				
0.08					790811.2	843786	862941	895262
0.15	0.81	2.61	NA	0.05	1040905	1041304	1043298	1033755
0.11	0.59	1.95	NA	0.04	957502	979219	990837	987150
0.14	0.74	2.41	NA	0.05	1087261	1142994	1179601	1198713
0.11	0.58	1.02	NA	0.04	716487.1	746716	734982	727703
0.13	0.77	1.69	NA	0.07			11842	12784
0.13	0.69	2.71	NA	0.05	457192	469289	469171	470972
0.13	0.69	2.37	NA	0.05	545291.1	538090	525901	524510
0.08	0.50	0.80	NA	0.04			253951	250852
0.13	0.64	1.22	NA	0.05				
0.14	0.69	1.94	NA	0.03	261922	263763	226110	214978
0.11					262901			
	0.63	2.59	NA	0.04		132548	147937	148060
	0.49	0.49	NA	0.04		152508	178380	214577
0.12	0.00	0.00	NA	0.00			1901	2039
0.00	0.00	0.00	NA	0.00			1251	1085
0.47	1.99	5.41	NA	0.28			1953	1496
0.00	0.00	0.00	NA	0.00			1255	1325
0.13	0.67	1.01	NA	0.05	1261256	1517153	1690154	1937281
0.12	0.67	1.37	NA	0.06			11	15
0.10					68736	54188	36079	27059
0.37	1.34	1.16	NA	0.05			8718	7798
0.08	0.40	2.21	NA	0.03	13377	15422	16918	20274
0.11	0.38	1.57	NA	0.03	464725	463402	459581	447931
0.09	0.54	2.03	NA	0.05	220148	247397	304546	340410
0.10	0.60	1.79	NA	0.04	1890663	1378413	1063241	1048784
0.47	1.21	4.98	NA	0.08	5807	6071	4528	4737
0.47	1.16	2.26	NA	0.08				
0.20	0.85	2.42	NA	0.05	783285	1035950	1151024	1290848
0.46						66831	65888	65970

0.09						34943	34720	34557
0.02	0.06	0.17	NA	0.00				
0.02	0.06	0.17	NA	0.00	4790060	5168142	5284381	5453111
0.09	0.70	1.78	NA	0.05			67639	47785
0.11	0.87	2.32	NA	0.06			50857	38051
0.10	0.70	1.57	NA	0.05			420344	305155
0.99	1.63	13.35	NA	0.12				
1.31	1.63	13.28	NA	0.12				
0.06					1318	680		
0.18	0.20	0.94	NA	0.02	2479421	2520993	2313516	2326207
0.06					156183	163924	152444	144086
0.06					1112	933		
	0.30	1.24	NA	0.03				
	0.17	0.81	NA	0.02				
0.07	1.39	0.66	0.66	0.09				
0.11	2.11	0.94	0.94	0.15				
0.16	3.14	1.31	1.31	0.23				
0.22	0.70	6.97	NA	0.04	273963	287242	279794	289582
0.35	1.05	11.05	NA	0.06	4634	4399	4221	3783
0.43	1.56	12.88	NA	0.08	334547	345400	333947	329472
	2.00	11.03	NA	0.11				
1.71	4.29	9.31	NA	0.23	138880	142132	141544	141681
0.10	0.62	1.22	NA	0.04	1706082	1759729	1719286	1724939
1.88	7.99	46.51	NA	0.59	90639	98573	95384	98457
0.15						6344	5496	4565
	1.40	2.73	NA	0.08				
	2.90	5.09	NA	0.15				
0.18						2022	1776	1616
0.22						85194	80056	73538
	1.40	3.83	NA	0.09				
	1.83	4.97	NA	0.12				
	2.90	6.92	NA	0.18				
0.18							3901	5142
0.25						2683	2784	2650
0.36							13822	12418
0.10	0.54	1.78	NA	0.03				
0.15	0.84	0.61	NA	0.05				
0.23	1.24	3.00	NA	0.06	852281.9	865056	870838	871926
0.16	0.00	2.17	NA	0.07		529246	496607	478241
	4.29	9.79	NA	0.24		118867	115244	118989
0.13	0.00	0.00	0.00	0.00	36	30	47	44

0.13	0.00	30.09	NA	0.16		724	823	775
0.13	0.00	38.24	NA	0.20		12447	14096	16239
	0.00	0.00	0.00	0.00				
	0.00	0.00	0.00	0.00				
	0.00	0.00	0.00	0.00				
0.11	0.00	0.00	0.00	0.00		15029	24604	16170
0.11						13826	11325	8808
0.11						6025	5745	4795
0.11						1002	926	704
0.12	0.00	0.00	0.00	0.00		5618	5081	11234
0.12						4450	3742	3123
0.12						1679	1590	1119
0.12						223	219	180
0.13	0.00	0.00	0.00	0.00		3093	2925	6694
0.13						559441	547999	512236
0.13						432636	407866	375090
0.13						60205	52146	44876
0.13					1366399	1484333	1362542	1343620
0.12					1140462	1322597	1330897	1389150
0.13	0.00	0.00	0.00	0.00				1
0.13	0.00	0.00	0.00	0.00				
0.17	3.37	1.63	1.63	0.24	1194406	1221345	1168475	1137603
0.67	11.87	5.05	5.05	0.87				
0.70	2.09	2.21	NA	0.11				
0.00	0.00	0.00	0.00	0.00				
0.24	1.56	10.20	NA	0.12		3091	2880	2146
	1.05	5.21	NA	0.08				
	1.40	8.42	NA	0.11				
	1.95	6.98	NA	0.12				
	3.80	12.83	NA	0.23				
	5.40	19.97	NA	0.35				
0.57								68
0.61								64
0.84	8.00	13.55	NA	0.46		9825	7610	6434
1.14								
1.19								
1.35								
					26938	24262	21896	21487
					29904	34891	33117	32654
					6907	5893	6357	6241
0.07	0.00	0.41	NA	0.01		10210	8593	7947
0.07					1402	1095	945	
0.08					1130	870	636	
0.07					19	23	26	

0.15					20307	18348	16297	
0.16					29384	26865	24561	
0.13					6404	5571	4335	
0.15					188	136	86	
	0.19	2.08	NA	0.03				4921
	0.37	5.12	NA	0.05				3633
	0.50	6.46	NA	0.06				32942
0.15	0.80	7.83	NA	0.07		27964	26961	18356
	1.20	9.10	NA	0.10				8058
	1.60	10.30	NA	0.11				4736
0.23					179697	179628		
	0.74	8.82	NA	0.08			55062	59699
	0.90	12.10	NA	0.10			118382	102508
0.29	0.99	9.06	NA	0.09	38195	39601	37706	36460
0.17	0.62	4.57	NA	0.07				
0.23	0.83	5.81	NA	0.08				
0.26	0.86	6.40	NA	0.08				
	1.38	8.42	NA	0.10	71735	62012	52519	44971
	1.62	11.99	NA	0.13	2547580	2462915	2316398	2160039
	1.00	7.74	NA	0.09	3586	2366	2045	1638
	1.34	11.24	NA	0.12	18718	16628	15149	12770
0.17								
0.30								
0.41								
0.67								
0.34	0.98	5.61	NA	0.08	51453	44392	38275	34705
0.12								
0.12								
0.00	0.00	0.00	NA	0.00				
	0.49	4.88	NA	0.05			2468	1664
0.21	0.74	6.15	NA	0.07	28385	26315	22119	18584
	1.07	8.57	NA	0.10			243258	229737
0.21					25571	25795		
0.35					117066	121133		
0.16					699	811		
0.16					2402	2090		
0.23					96017	105315		
0.16					324	332		
0.20					3801	3230		
0.27					2197	2066		
0.42					7700	7336		
	0.75	5.06	NA	0.06			2024	1748
	0.85	7.99	NA	0.08			6067	4760
0.40	1.09	8.71	NA	0.09				

0.00	0.00	0.00	NA	0.00	495289	522969	538614	535216
0.22	1.96	2.00	NA	0.09	2528	786	672	3488
0.02	0.45	NA	0.23	0.02				
0.04	0.94	1.55	0.43	0.05				
0.04	0.56	1.56	NA	0.02	122243	112338	104936	96805
0.04	0.37	1.72	NA	0.02	7603	5966	7625	7326
0.05					5592	4212		
0.04	0.44	1.58	NA	0.02	321955	320763	284618	252296
0.04	0.56	1.44	NA	0.02	937311	1013395	1054052	1032913
	1.20	16.61	NA	0.05			76948	74236
	1.00	14.55	NA	0.03			59800	56049
0.04	0.50	1.52	NA	0.02				
0.04	0.50	1.31	NA	0.02				
0.05	0.76	2.15	NA	0.04				
0.02	0.00	2.12	NA	0.01				
0.02	0.00	1.29	NA	0.00				
0.01	1.36	0.61	0.61	0.07				
0.01	1.69	0.81	0.81	0.09				
0.01	2.23	0.86	0.86	0.10				
0.02	0.08	0.33	NA	0.02	211051	213792	217323	216679
0.03	0.13	0.77	NA	0.02	105697	103186	102513	100066
0.03	0.22	1.05	NA	0.02	1103248	1104558	1093050	1070985
0.07	0.75	1.29	NA	0.03	16231440	16857465	16818789	16981719
0.12	1.59	7.06	NA	0.06	865568	890917	898485	912295
0.14	2.80	10.31	NA	0.10	164583	165313	158575	156139
0.03	0.54	2.20	NA	0.02	1366477	1413760	1434069	1469146
0.02	0.24	1.67	NA	0.02	1355127	1419760	1487815	1555496
0.04	0.45	1.71	NA	0.02	21727	22184	19843	22997
0.03					779	932		
0.04	0.53	1.94	NA	0.02	16706	18341	18124	16991
0.05	1.63	1.18	0.74	0.08				
0.07	1.83	2.06	NA	0.04				
0.07	2.50	2.26	1.24	0.12				
0.02	0.67	0.71	0.35	0.04	36148	35281	34507	33472
0.08	1.19	1.48	NA	0.04	559730	557535	552542	545788
0.04	0.59	0.82	NA	0.02	179613	178309	187874	177730
0.08	1.20	1.60	NA	0.04				
0.04	0.73	0.98	NA	0.03				
	0.53	1.99	NA	0.01				
0.05	0.70	2.27	NA	0.03	3471757	3890485	4040628	4249789
	0.77	4.05	NA	0.03				
0.05	0.74	1.85	NA	0.03			268178	254619
0.05							18773	18137

0.13	1.51	8.13	NA	0.08		12964	13416	13781
0.09						68	49	49
	0.56	1.45	NA	0.01				
0.19	2.80	2.92	NA	0.07			16093	19013
0.08	1.10	2.27	NA	0.03				
0.17	1.18	2.95	NA	0.04				
	0.67	3.07	NA	0.03				
0.05	0.88	4.07	NA	0.03				53433
	1.24	6.05	NA	0.04				
0.12	0.73	2.25	NA	0.02	503924	114948	138637	164059
0.12	0.88	2.31	NA	0.02	346294	280966	292652	291066
	0.67	2.34	NA	0.02				
	0.43	1.66	NA	0.01				
	0.93	8.70	NA	0.03				
	1.40	10.06	NA	0.04				
0.01					99			
0.01					1			
0.01	0.17	0.53	NA	0.01	840272	620114	626028	432574
0.01	0.15	0.19	NA	0.01	33327	25219	24594	26917
0.01	0.17	0.53	NA	0.01	649	18	36	61
0.01	0.15	0.19	NA	0.01	67	6	5	6
	0.33	0.05	0.05	0.01				177054
	3.00	0.58	0.47	0.11				919872
	3.25	0.70	0.58	0.14				539179
0.06					1503165	1579360	1621597	
0.03					1504700	1544034	1573884	
0.04					6270189	6630094	6973476	
0.06					397592.5	401732	412734	
0.04					1448066	1468268	1433400	
	1.50	0.24	0.22	0.05				2401121
	1.50	0.29	0.27	0.06				1259018
	2.00	0.31	0.29	0.07				6089228
	1.90	0.37	0.35	0.08				572502
	3.00	0.46	0.44	0.11				3232674
	2.50	0.49	0.47	0.11				86192
	3.13	0.49	0.46	0.11				12108
	1.50	0.23	0.22	0.05				2395
0.04	2.10	0.39	0.38	0.08		5533	4485	5364
0.04	2.40	0.40	0.38	0.09		27217	21906	21085
0.05	2.50	0.40	0.38	0.09		241192	272355	233155
0.01	0.59	0.11	0.10	0.02		1246353	1223053	1191105
0.02					5348548	5428033	5321682	
	0.00	0.00	0.00	0.00				
0.04	2.50	2.39	0.52	0.10	135045	135296	143366	142142

0.04	1.48	NA	0.48	0.08	1367649	1356690	1310894	1248862
0.07	2.11	NA	0.70	0.12	90344	84829	80298	73840
0.04	1.56	NA	0.77	0.09	127219	136276	138953	142523
0.07	2.52	NA	0.83	0.15	16160	14852	14507	14888
	18.46	6.82	6.82	1.34	50	36	49	48
	0.00	0.00	0.00	0.00	9	4	2	9
	0.00	0.00	0.00	0.00	20	12	20	14
	15.98	6.01	6.01	1.02	448	615	619	692
	8.79	3.57	3.57	0.52	96	132	165	126
	5.95	2.68	2.68	0.35	166	144	159	139
	12.52	4.90	4.90	0.77	3087	2935	2950	2692
	8.34	3.45	3.45	0.49	931	910	983	819
	5.50	2.52	2.52	0.32	592	724	607	613
	5.18	2.51	2.51	0.30	2094884	2157851	2209226	2230167
	4.26	2.21	2.21	0.25	622643	646226	654656	673035
	3.15	1.85	1.85	0.18	187916	187590	191245	191460
	10.56	4.15	4.15	0.63	373	281	289	244
	9.14	3.71	3.71	0.56	849	1095	1151	1085
	8.69	3.55	3.55	0.52	1925	2089	1896	1878
	4.26	2.20	2.20	0.24	222157	242129	267463	287008
0.12	1.10	11.53	NA	0.07	1952	2359	2820	3271
0.16	3.64	21.11	NA	0.17				
0.05	1.00	19.39	NA	0.06				
0.00	0.52	3.76	NA	0.08	46	222	17	42
0.00	0.66	4.15	NA	0.04	43	85	115	101
0.02	0.30	0.63	NA	0.02	117269	112495	112035	112028
0.02	0.40	0.92	NA	0.02	176773	178742	176656	175300
0.02	0.50	1.29	NA	0.02	2608270	2674792	2730072	2776024
0.02	0.61	1.62	0.33	0.02	34069	35563	43059	42218
	0.50	0.72	NA	0.02		2087820	2160017	2258802
	0.50	0.75	NA	0.02		3774145	4377705	4915047
0.02					10033241			
0.08	0.54	1.99	NA	0.02	1198737	1270121	1366997	1453138
0.01	0.50	1.25	0.23	0.03				
0.08	0.81	2.27	NA	0.02	1472186	1475479	1433984	1375831
0.09	1.10	6.08	NA	0.03				107723
0.02	0.44	1.74	NA	0.02	2162922	2572907	2669671	2809509
0.05	0.81	1.73	NA	0.04	15917	19051	21656	29064
0.05	1.01	3.10	NA	0.03				
0.02	0.05	0.51	NA	0.02	305350	308095	318355	335415
0.04	0.40	0.65	NA	0.02	113864	133669	151192	147680
0.02	0.81	3.06	NA	0.03	2958	2190	2942	3825
0.01	0.18	0.66	0.08	0.01	178730	188484	198219	211726

0.03					20249	21523	22635	21703
0.02	1.30	0.88	NA	0.05	82310	118677	143887	118073
0.01	0.33	0.31	NA	0.01	710	1887	1864	1672
	1.75	1.30	NA	0.08				
	1.50	1.04	NA	0.07				
	3.00	2.34	NA	0.13				
	1.50	0.95	NA	0.07				
0.02	1.34	1.03	NA	0.05	26466	42307	48166	33490
	0.60	0.51	NA	0.03				
	0.30	0.26	NA	0.02				
	1.50	1.31	NA	0.06	93845	90050	90216	95312
0.04	0.40	0.26	NA	0.02	38587	33911	33190	28800
0.03	0.48	0.28	NA	0.03	18687	35165	43169	48257
0.02					392675	361175	361851	362296
0.03	0.27	0.18	NA	0.02	5133	8990	10915	7709
0.03	0.25	0.16	NA	0.02	6326	14430	17289	18144
0.03	0.29	2.58	NA	0.03			97359	109396
0.06	0.00	0.17	NA	0.00			238616	227977
0.15	0.50	2.35	NA	0.03			23150	27290
	0.35	0.23	NA	0.02	240268.5	273961	278522	285978
0.12	0.60	0.43	0.29	0.03	1090191	1105642	1113790	1147704
	0.00	0.00	0.00	0.00			108	310
0.06	0.20	0.20	0.10	0.01	654990.6	679433	705703	739751
0.04	0.29	0.14	0.13	0.02	73776	33016	22963	19007
0.04								
	0.55	0.33	0.27	0.03	69432	65834	60139	58821
0.12	0.35	0.24	NA	0.02	62487.5	67454	94552	92177
0.14	0.55	0.36	NA	0.02	138056	141194	101293	107657
0.03	1.26	0.71	NA	0.07	2619	3001	3022	2527
0.00	1.75	0.79	0.67	0.10				
0.00	1.40	0.87	0.54	0.08				
0.05	1.85	1.63	NA	0.08	362	197	273	470
0.05	0.70	0.76	NA	0.03	140	153	128	155
0.04	1.50	1.57	NA	0.05	2844	3519	3469	6514
0.08	1.30	1.05	0.70	0.06	11392	11531	10337	9602
0.08	1.34	1.03	NA	0.09	7976	8262	8774	8010
	0.65	0.27	0.25	0.04				
0.06	1.50	1.10	0.78	0.06	1254	1284	1165	2956
0.06	0.35	0.27	0.18	0.01	38	47	24	31
0.06	1.15	0.78	0.57	0.05	5764	5283	5758	8249
0.06	1.40	1.08	0.71	0.05	14127	15982	17560	19633
0.02	0.33	0.28	0.17	0.01	3366	1420	1672	2905
0.01	1.76	1.37	0.88	0.07	14	39	39	32
	10.10	NA	3.42	2.35				26283

	0.00	0.00	0.00	0.00				1
	11.99	NA	4.06	2.79				1309
	0.00	0.00	0.00	0.00				
	11.21	NA	3.79	2.62				231471
	0.00	0.00	0.00	0.00				3
	12.54	NA	4.23	2.94				6665
	0.00	0.00	0.00	0.00				
	11.20	NA	3.78	2.62				19484
	0.00	0.00	0.00	0.00				
	12.56	NA	4.24	2.95				52520
	12.56	NA	4.24	2.94				6674
	0.00	0.00	0.00	0.00				
0.07	2.25	3.41	1.07	0.15	135540.5	142960	145767	151191
0.23	3.28	NA	1.11	0.76			13647	4591
1.03					322682	308878	294564	
0.29					38315	36074	33472	
0.76					26848	26103	24545	
0.21					7153	6829	6071	
1.51	22.85	NA	10.54	5.33	2744	2768	3543	3779
0.84					1167	980	844	
0.10					231	228	210	
0.03	0.17	0.29	NA	0.02	11783610	11760030	11671188	11660201
0.02	0.00	0.23	NA	0.01	701492	638510	564733	521201
0.01	0.17	0.06	0.06	0.01	19647347	19970213	19854240	19348953
0.18					9372			
0.02					26172			
0.14	0.75	1.34	NA	0.04	1711584	1534695	1343508	1230281
0.02	0.45	0.15	0.15	0.02	1122304	1179163	1195291	1161135
0.11	0.00	1.09	NA	0.01	181692	149357	127516	111621
0.01	0.30	0.10	0.10	0.01	1293317	1356905	1381824	1342661
0.14	0.75	3.70	NA	0.04	5061	4184	2999	1934
0.02	0.15	0.19	NA	0.02	152998	153411	159400	153454
0.01	0.00	0.15	NA	0.01	17143	15236	14043	15561
0.01	0.15	0.04	0.04	0.01	878371	796372	750960	620851
0.24	0.52	2.01	NA	0.04	221981	522889	483378	440828
0.08	0.00	0.74	NA	0.01	71686	134960	129602	129050
0.14	0.00	1.06	NA	0.01	65865	155658	155705	162187
0.02	0.52	0.21	0.21	0.02	255481	403411	395141	393280
	0.52	0.19	0.19	0.03	56041	63214	66245	72128
	0.00	20.39	NA	0.06	82117	92686	103838	117914
0.26					344582			
0.11					71281			
0.13					107563			
0.02					135238			

0.00					6242			
0.00					8967			
0.02					121118			
0.28	0.52	5.21	NA	0.04	23750	23049	21769	20715
0.08	0.00	0.25	NA	0.01	48137	54053	55261	57408
0.18	0.00	4.78	NA	0.01	57902	82712	82986	84419
0.02	0.52	0.18	0.18	0.02	75071	95201	98937	103239
	0.65	0.72	NA	0.03				
	0.77	0.82	NA	0.04				
	0.90	0.98	NA	0.04				
	0.85	0.88	NA	0.04				
	1.15	1.10	NA	0.05				
	1.25	1.23	NA	0.06				
	0.52	0.64	NA	0.03				
	0.30	0.45	NA	0.02				
	0.45	0.54	NA	0.03				
	0.43	0.58	NA	0.03				
	0.92	0.88	NA	0.04				
	0.43	0.42	NA	0.03				
	0.43	0.56	NA	0.03				
	0.43	0.45	NA	0.03				
	0.32	1.16	NA	0.02				
	0.65	0.27	0.27	0.04				
	1.29	0.52	0.52	0.09				
	0.00	0.72	NA	0.01				
	0.52	0.20	0.20	0.03				
	0.52	0.20	0.20	0.03				
	0.00	0.00	0.00	0.00				
	1.30	5.05	NA	0.07				
0.26	0.92	2.71	NA	0.04	93293	75512	63058	53988
0.15	0.53	2.95	NA	0.03	158574	170144	181350	197334
0.13	0.38	1.14	NA	0.01	354057	354876	354463	357522
0.09	0.15	0.61	NA	0.01			119099	127832
0.22	0.07	0.65	NA	0.00	463975	470360	478525	486580
0.18	1.46	5.25	NA	0.07	181808	177309	147016	131329
	1.75	5.79	NA	0.09				
	2.72	18.88	NA	0.55		27162	29236	30951
	4.75	19.32	NA	0.95		20500	13043	8350
	6.24	24.66	NA	1.32		6636	5213	4336
	4.79	19.55	NA	1.02		81743	83646	84888
	5.54	22.82	NA	1.18		23485	24082	24221
	6.15	24.33	NA	1.30		9556	10583	12168
	6.89	27.59	NA	1.46		2519	2660	2879
	5.85	23.34	NA	1.25		579029	563814	534839

	6.60	25.63	NA	1.40		139083	129629	120360
	7.35	27.17	NA	1.55		96250	95244	94492
	8.10	31.43	NA	1.72		20914	19201	18847
	3.73	1.47	1.47	0.87		14948	21025	3752
	2.00	0.68	0.68	0.13		7551	8129	7383
	1.80	5.85	NA	0.09		566	678	700
0.00					32786			
0.00	2.91	NA	0.60	0.25				
0.00					95985			
0.00					799914			
0.00					189			
0.00					163			
0.00					120			
0.00					128459			
0.00					2688			
0.00					80			
0.00					77			
0.00					165924			
0.00					171268			
0.00					1387			
0.00					2871			
0.00					830740			
0.00					81056			
0.00					1023744			
0.00					823166			
0.00					998651			
	1.11	0.37	0.37	0.21		253	199	190
	1.13	0.39	0.39	0.26		29	21	9
	0.86	0.30	0.30	0.17		386	320	210
	0.86	3.79	0.29	0.19		2638	2447	983
	0.97	2.81	0.33	0.22		60226	54389	48591
	0.88	3.28	0.30	0.19		2613	2343	1180
0.00	0.00	NA	NA	0.00				
0.49	6.99	NA	2.91	1.65	28109	33827	39506	33403
0.00	0.00	0.00	NA	0.00	54655	58473	62027	14545
0.00	0.00	0.00	NA	0.00	77405	66003	58739	54267
1.13					37585	42128	46353	
1.23					3384	3715	4065	
	15.00	NA	6.11	3.53				28141
	20.00	NA	8.10	4.71				4878
	7.50	NA	3.05	1.77				9679
	20.02	NA	8.11	4.70				21254
	7.50	NA	3.04	1.77				12394
0.00	0.00	0.00	NA	0.00	12946	16420	19846	22854

0.02	0.00	0.67	NA	0.01	337649	259029	195816	147267
0.05								
0.07								
0.07								
0.07								
0.08								
0.12					107531	92880		
0.39	0.80	4.85	NA	0.09	2965457	2912731	2813755	2680467
0.26	0.50	3.09	NA	0.08	44012	45996	46394	43685
0.45	0.91	6.98	NA	0.09	73466	67720	68240	72417
0.32	0.50	3.62	NA	0.05	16535	17176	18311	17842
0.15	0.25	2.23	NA	0.04	611045	628023	629724	642865
0.26	0.45	3.40	NA	0.07	633077	593736	562298	538216
0.30	0.50	4.35	NA	0.07	118590	108484	102099	97021
0.39	0.80	6.50	NA	0.08	586176.1	584114	583943	594578
0.27	0.50	3.77	NA	0.07		214875	219610	223666
0.41	0.80	5.04	NA	0.10			22144	21574
0.27	0.50	3.08	NA	0.06	42105	39930	40490	41233
0.14	0.35	2.99	NA	0.04				
0.46	0.70	4.81	NA	0.08	1599899	1655772	1657888	1653484
0.30	0.45	2.91	NA	0.05	1494585	1557397	1592896	1616067
0.56	1.16	6.74	NA	0.12			195738	198109
0.35	0.80	3.76	NA	0.06	119154	125423	128787	128700
0.43	0.80	4.52	NA	0.11			295429	294209
0.27	0.50	2.83	NA	0.07			63082	64334
	0.30	0.88	NA	0.04				
0.26	0.50	3.99	NA	0.10	70446	80234	87245	96021
0.03	0.17	0.82	NA	0.02	1268372	1284574	1285138	1289852
0.03	0.52	1.04	NA	0.03	10803	7798	1257	827
0.01	0.00	0.86	NA	0.01	9423	5605	843	871
0.02	0.52	0.18	0.18	0.02	26634	28213	29425	12612
0.07	0.27	1.43	NA	0.02	1231612	1242406	1218231	1220334
0.06					625562	629442		
0.05					296855	312858		
0.05					128943	128321		
0.07					340451	360223		
0.03					60009	61746		
0.09	0.40	1.15	NA	0.03		1693	2626	1882
0.04	0.40	1.50	NA	0.03	880	1032	918	743
0.13	0.64	0.90	NA	0.04				
0.16	1.42	3.10	NA	0.08				
0.02	0.00	0.51	NA	0.01		615236	615241	650359
0.02	0.00	0.79	NA	0.02		8699	11813	14177
0.13	0.20	1.27	NA	0.02	14627	26802	23117	16126

0.07					913333	932969		
0.13					28306	26045		
	0.26	1.21	NA	0.02			563784	575206
	0.26	0.91	NA	0.02			340510	347839
	0.26	0.86	NA	0.02			13697	14552
	0.19	1.33	NA	0.02			938342	968040
0.02	0.00	0.08	NA	0.01	125994	83334	76739	72829
0.06	0.00	0.13	NA	0.01	16553	15840	16654	10976
0.10	0.00	0.68	NA	0.01	361461	386152	388896	380368
0.08	0.15	NA	0.05	0.01	29834	11648	10622	7939
0.01	0.01	0.17	NA	0.01	6975169	7029784	7848650	9080665
0.01					80259	64965	55972	
0.01					56202	66947	69776	
	0.07	0.14	0.02	0.01				25275
	0.14	0.43	0.05	0.01				58755
0.01	0.01	0.20	0.01	0.01	1600062	1875481	1940156	1748073
0.01	0.01	0.11	NA	0.01	239371	219693	229291	234388
0.02	0.00	0.24	NA	0.01	1191083	1165624	1169259	1147361
0.02	0.00	0.28	NA	0.01	2006419	2107837	2221707	2312685
0.01	0.06	0.28	0.02	0.01	218143	201443	184591	179598
0.01	0.06	1.40	0.02	0.01	15038	14819	14130	15433
0.01	0.06	0.29	0.02	0.01	5448102	5697991	5808807	6080427
0.01	0.00	4.41	NA	0.04			25049	27679
0.02	0.85	0.33	0.33	0.05			27558	31408
	1.05	3.92	NA	0.05		3761	5532	7602
	1.00	1.50	NA	0.06		132	274	179
	0.90	3.04	NA	0.05	257	403	456	640
0.43	1.20	10.74	NA	0.12	7559	5987	5219	5387
0.39	1.25	3.44	NA	0.06	8205	8250	11145	18267
0.50	1.28	12.10	NA	0.13	2655	3019	3878	5385
0.55	1.74	15.89	NA	0.16	911	1016	1164	970
0.59	2.50	14.90	NA	0.20	311700	312235	316977	306589
0.61	2.60	15.67	NA	0.22	330732	344483	361101	357330
0.17	1.08	8.68	NA	0.09				
0.20	1.73	10.05	NA	0.12				
0.16	1.08	9.03	NA	0.09		294109	290215	290078
0.16	1.08	10.49	NA	0.10	295993	291457	278899	271350
0.19	1.08	9.34	NA	0.09	19815	20992	23315	24723
0.01	0.28	0.55	0.12	0.03				
0.07	0.96	2.44	NA	0.05	262621	267413	43136	7644
0.13	1.54	3.20	NA	0.10	374908	382803	100642	35941
0.15	1.87	4.04	NA	0.10	15405	15074	2644	615

0.21	1.99	4.64	NA	0.15	19335	19300	5729	1430
0.07	0.79	1.83	NA	0.05	3828	4073	2928	1990
0.10	1.18	2.49	NA	0.08	2586	2868	2472	1912
0.04	0.37	2.23	NA	0.03	6392	6260	2382	853
0.04	0.37	2.22	NA	0.03	70090	76048	40655	41051
	0.35	1.28	NA	0.02			145549	145171
	0.86	1.67	NA	0.04			755998	933563
	0.71	1.54	NA	0.04			5742	10469
0.04					1352877	1352067	1269286	
0.05					2108664	2160424	2084827	
0.04					3651015	3741870	3618783	
	1.00	1.64	NA	0.06				16092
	1.25	2.02	NA	0.07				84196
	1.50	2.50	NA	0.08				165609
	2.00	3.31	NA	0.11				176025
	2.50	3.92	NA	0.13				189058
	3.00	4.18	NA	0.16				102473
	3.56	4.64	NA	0.19				110361
0.06	0.90	1.48	NA	0.05	77970	84023	100000	85416
0.07	0.96	1.84	NA	0.05	67156	75855	93868	74351
0.07	0.90	3.66	NA	0.07		6825	13162	56325
	1.73	2.36	NA	0.12				9899
0.10	0.54	3.80	NA	0.05	56608	56806	13296	10412
0.09	0.54	3.29	NA	0.05	60798	60692	11863	16797
0.09	1.50	4.76	NA	0.09	15990	18701	1790	555
0.09	1.50	4.78	NA	0.11	16413	19344	1629	1135
0.03	0.35	3.23	NA	0.03				
0.04					381339	401179	423522	
0.05					23549	24894	24289	
	0.86	8.69	NA	0.08			45076	53074
	2.25	11.71	NA	0.16			18107	21121
	0.60	NA	0.28	0.05				29085
	0.00	0.00	0.00	0.00				
	0.00	0.00	NA	0.00				11798
0.51	1.51	7.70	NA	0.11	1502	1341	1260	1185
0.00	0.00	0.00	NA	0.00				
0.60	3.08	8.60	NA	0.21	18628	23122	24283	24253
0.19	2.45	10.20	NA	0.18	1905	1909	2614	2180
0.59	3.61	42.24	NA	0.39	9569	7117	6007	5899
0.23	1.98	6.77	NA	0.13				
0.03	0.45	1.44	0.20	0.04	17164	19848	22360	28710
0.07	0.78	0.57	0.31	0.07	26356	10836	10416	11947
0.14	0.80	0.78	0.31	0.08		65019	64211	63547
0.07					2286	2201	1960	1896

0.16	3.00	2.58	1.37	0.29				
0.12	1.70	1.31	0.79	0.15				
0.18	3.50	3.19	1.62	0.36				
0.08	1.64	1.27	0.76	0.15				
	0.80	NA	0.35	0.17				
	0.30	0.56	0.17	0.04				
	0.65	0.75	0.30	0.09				
0.06	0.00	2.57	NA	0.03	52301.2	50358	10331	6752
0.06	0.77	2.63	0.31	0.06	88496	91008	22811	15100
0.05	1.86	0.32	0.30	0.07				
0.01	0.50	1.26	0.13	0.03				
0.02	0.51	0.24	0.21	0.04			53220	92535
0.18	1.75	1.20	NA	0.08	223	217	321	366
0.01	0.00	0.24	NA	.01				
0.18	2.60	.92	.74	0.13				
0.18	1.86	0.66	0.50	0.10				
0.18	1.86	0.83	0.29	0.07				
0.18	0.55	1.69	0.10	0.02				
0.02	0.51	0.81	0.19	0.04			24370	29953
	1.70	1.54	NA	0.07				
	0.00	0.14	NA	0.01				
	0.17	1.41	NA	0.03				
	0.09	0.33	NA	0.01				
	0.21	1.70	NA	0.04	1448200	1395462	1338780	1278887
	0.18	0.34	NA	0.01	724805.3	684011	659179	635660
	0.19	0.65	NA	0.02	2148456	2151404	2025186	1886236
	0.17	0.40	NA	0.01	217424	197573	181180	168615
	0.17	0.53	NA	0.01			9383853	9479391
	0.18	1.38	NA	0.04				
	0.10	0.52	NA	0.01				
0.01	0.21	1.84	NA	0.05				
0.01	0.19	0.70	NA	0.02				
0.03	0.52	1.77	0.31	0.03	1709	1812	1977	2277
0.03	0.80	2.44	0.47	0.05	183	258	287	314
0.06	0.24	2.80	NA	0.07				
0.06	0.20	1.51	NA	0.04				

0.08	0.28	3.44	NA	0.08	2289174	2224065	2120116	2010275
0.07	0.19	0.59	NA	0.02	1398314	1317027	1234369	1137097
0.08	0.21	3.66	NA	0.08	119602	121202	119570	116187
0.07	0.21	1.51	NA	0.04	634356.3	581015	538350	504480
0.17	2.37	21.15	1.10	0.56	64	63	55	49
0.04	0.00	3.80	NA	0.02	74922	90101	108762	119132
0.04	0.00	2.01	NA	0.01				
0.02	1.15	3.18	0.70	0.06	46873	53418	60159	75126
0.03	1.30	3.48	0.79	0.06	14562	15059	17444	22438
0.04	2.10	4.50	1.27	0.11	8904	9855	10526	13454
0.05	1.20	0.86	NA	0.05	1919502	2028022	2149434	2255541
0.02	0.60	0.56	NA	0.02				477827
0.06	1.20	1.14	NA	0.05				173201
0.02	0.60	0.86	NA	0.02				27645
0.01	0.06	0.10	NA	0.01				
0.01	0.25	0.19	NA	0.01				
0.01	0.18	0.26	NA	0.01				
0.01	0.18	0.35	NA	0.01	268855	307630	351783	393061
0.01	0.06	0.24	NA	0.01	129301	126415	123000	115662
0.01	0.17	0.48	NA	0.01				
0.01	0.25	0.28	NA	0.01				
0.01	0.26	0.47	NA	0.01				
0.01	0.21	0.29	NA	0.01				
0.01	0.21	0.13	NA	0.01	4167552	3927467	3591459	3169853
0.02	0.45	0.44	NA	0.02	41384918	43527722	43907797	42721867
0.01	0.45	0.48	NA	0.02	6652138	7271870	7309848	7475359
0.01	0.44	0.76	NA	0.01				
0.01	0.40	0.39	NA	0.01	1491816	1659899	1674008	1590867
0.01	0.43	0.40	NA	0.01	17327960	18610640	19139764	19381075
0.01	0.29	0.19	NA	0.01	674472	717833	730247	757602
0.01	0.44	0.53	NA	0.01	6771927	7323514	7282964	7304898
0.01	0.44	0.30	NA	0.01			225716	205481
0.01	0.44	0.37	NA	0.01				
0.01	0.45	0.52	NA	0.02		844951	900469	900283

0.01	0.45	0.38	NA	0.02				
0.01	0.45	0.40	NA	0.02			27903	29860
0.05	0.51	1.59	0.13	0.02	244601	1090458	1088166	1100841
0.05	0.24	0.44	0.06	0.01	29984	86030	99070	104491
0.00	0.00	0.00	0.00	0.00				
0.02	0.55	0.59	0.14	0.02			41601	44575
0.03	0.60	0.75	0.15	0.02			11875	12656
	0.00	0.00	0.00	0.00				
	0.00	0.00	0.00	0.00				
	0.35	2.99	0.09	0.01				
0.02	0.62	0.37	NA	0.02	3353	4263	4011	2715
0.03	0.45	0.60	NA	0.02				
0.02	0.45	0.46	NA	0.02				
0.02	0.25	1.08	NA	0.01				
0.01	0.53	0.43	0.37	0.02	191079.2	200407	201100	212584
0.01	0.45	0.38	0.31	0.02	125356	142902	161914	173694
0.02	0.46	0.40	0.18	0.03	75778	75552	77628	76587
0.03	0.71	0.54	0.27	0.04	120765	116510	111924	113532
0.03	0.96	0.66	0.33	0.05	106373	111448	106834	99022
0.04	1.21	0.78	0.42	0.06	90831	86444	88699	92660
0.05	1.46	0.92	0.50	0.07	56303	54714	59521	63992
0.01	0.46	0.32	0.16	0.02	6498682	6780146	6915698	6695727
0.01	0.71	0.42	0.24	0.02	14461065	13881878	13287513	13118549
0.02	0.96	0.50	0.33	0.03	1823194	1687553	1566558	1514119
0.01	0.46	0.28	0.18	0.03				
0.00	0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	0.00				
	0.00	0.00	0.00	0.00				
	0.00	0.00	0.00	0.00				
0.16	2.11	0.77	0.77	0.25			559800	595301
0.07	1.65	1.84	0.63	0.10				
0.04	0.63	0.55	0.24	0.04				
0.07	1.73	1.12	0.66	0.10				
0.07	1.73	1.12	0.66	0.10				

	1.50	0.80	0.62	0.10				
	1.40	0.59	0.58	0.10				
0.02	0.45	0.58	0.29	0.05	1068524	1115657	1106980	1094316
0.01	0.17	0.37	0.07	0.01				
0.08	0.84	3.78	0.67	0.12			2216	2119
0.30	3.36	6.94	1.75	0.47			236536	243900
0.01	0.90	0.54	NA	0.05				
0.01	0.25	0.14	NA	0.01				
0.30	3.36	6.94	1.75	0.48			226883	248397
0.01	0.17	0.48	0.04	0.01	746346	757751	755192	809970
0.01	0.07	3.77	NA	0.04				
0.02	0.45	0.68	NA	0.03	1466725	1391816	1292430	1209884
0.03	0.67	0.79	NA	0.05	1467831	1424333	1390077	1371425
0.07	1.73	1.19	NA	0.12	428810.9	445037	428959	429385
0.07	1.73	1.21	NA	0.11				
0.10	0.70	3.02	NA	0.05	4616796	5204212	5433946	5641161
0.11	0.87	3.67	NA	0.06	592274	628776	640504	641748
0.09	0.70	2.87	NA	0.05	722976	804312	828777	789548
0.02	0.00	0.27	NA	0.01	148539	159038	124145	124600
0.02	0.00	0.29	NA	0.01	179669	162246	168097	184882
0.01	0.00	3.10	NA	0.02				
0.01	0.00	3.11	NA	0.01	407880	496747	735066	1008798
0.01	0.18	0.06	NA	0.01	150210	180209	220960	262048
0.02	0.61	0.82	0.27	0.09	113793	122206	130359	138552
0.01	0.45	0.38	0.31	0.02	11407	15096	22186	30521
0.01	0.18	0.20	NA	0.01	6269648	6692526	6759856	6597916
0.11	0.58	2.64	NA	0.05				77787
	2.43	2.10	1.00	0.15				
	0.17	0.29	NA	0.02				
	3.09	11.72	NA	0.09				8429
	0.24	0.15	0.09	0.02				
	2.43	2.24	NA	0.15			1501485	1217390
	1.50	1.66	NA	0.10			1565375	2664316
	0.18	0.32	0.07	0.01				
	0.18	0.32	0.07	0.01				
	0.45	0.25	0.19	0.03				
	0.60	NA	0.28	0.05				
	0.00	0.00	0.00	0.00				526
	0.00	0.00	0.00	0.00				66

2014 Medicare Freq	2015 Medicare Freq	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background
	63007	FALSE			FALSE	
1302402	1326567	FALSE			TRUE	In April 2016, an Ad Hoc
		FALSE			FALSE	In September 2016 the C
		FALSE			FALSE	In September 2016 the C
1602308	1725355	FALSE			TRUE	In April 2016, an Ad Hoc
		FALSE			FALSE	In September 2016 the C
		FALSE			FALSE	In September 2016 the C
		FALSE			FALSE	In September 2016 the C
23750	25416	FALSE			FALSE	
	221465	FALSE			FALSE	
27824	25520	FALSE			TRUE	The specialty societies g
189076	193092	FALSE			TRUE	The specialty societies g
7627	7660	FALSE			FALSE	Deleted nine codes that
31445	34263	FALSE			FALSE	
454432	430665	FALSE			FALSE	
172286	165338	FALSE			FALSE	
43481	43746	FALSE			FALSE	
12271	11766	FALSE			FALSE	
		FALSE			TRUE	Descriptor enables a bi-r
		FALSE			TRUE	Descriptor enables a bi-r
1534089	1628800	FALSE			TRUE	Descriptor enables a bi-r
249995	284026	FALSE			TRUE	Descriptor enables a bi-r
63976	69570	FALSE			TRUE	Descriptor enables a bi-r
290354	328984	FALSE			FALSE	
129757	147965	FALSE			FALSE	
29949	38797	FALSE			FALSE	
917027	901858	FALSE			FALSE	
1985364	1968630	FALSE			FALSE	
386219	376621	FALSE			FALSE	
3173156	3310682	FALSE			TRUE	Prior to the January 201
1381110	1420827	FALSE			TRUE	Prior to the January 201
90501	89868	FALSE			FALSE	
181711	182180	FALSE			FALSE	
111112	112222	FALSE			FALSE	
15706	16240	FALSE			FALSE	
115526	107808	FALSE			FALSE	
97680	96155	FALSE			FALSE	
52016	52092	FALSE			FALSE	
13647	13683	FALSE			FALSE	

81378	78215	FALSE			FALSE	
109082	103767	FALSE			FALSE	
51917	50993	FALSE			FALSE	
6000	6234	FALSE			FALSE	
1223981	1120146	FALSE			FALSE	
2214426	2116591	FALSE			FALSE	
7595009	7490871	FALSE			FALSE	
481374	458019	FALSE			FALSE	
210353	209006	FALSE			FALSE	
1502	1524	FALSE			TRUE	The American Podiatric
196385	206372	FALSE			FALSE	
62090	62067	FALSE			FALSE	
34031	31316	FALSE			FALSE	
12943	12617	FALSE			FALSE	
3762	3854	FALSE			FALSE	
2812	2650	FALSE			FALSE	
185193	188177	FALSE			FALSE	
144836	146724	FALSE			FALSE	
22316	23248	FALSE			FALSE	
6062	6414	FALSE			FALSE	
1203	1282	FALSE			FALSE	
460	576	FALSE			FALSE	
90341	90621	FALSE			FALSE	
51998	52083	FALSE			FALSE	
6872	6917	FALSE			FALSE	
3446	3434	FALSE			FALSE	
522	537	FALSE			FALSE	
79	85	FALSE			FALSE	
29	29	FALSE			FALSE	
57089	57943	FALSE			FALSE	
227718	236533	FALSE			FALSE	
22036	22986	FALSE			FALSE	
4676	4593	FALSE			FALSE	
1155	1067	FALSE			FALSE	
557	555	FALSE			FALSE	
19331	19192	FALSE			FALSE	
46837	47872	FALSE			FALSE	
2194	2092	FALSE			FALSE	
356	368	FALSE			FALSE	
82	86	FALSE			FALSE	
45	42	FALSE			FALSE	
58343	57192	FALSE			FALSE	
77723	76846	FALSE			FALSE	
9027	9157	FALSE			FALSE	

2823	2706	FALSE			FALSE	
387	373	FALSE			FALSE	
68	65	FALSE			FALSE	
23	32	FALSE			FALSE	
5567	5460	FALSE			FALSE	
75899	81190	FALSE			FALSE	
19825	21801	FALSE			FALSE	
9421	10104	TRUE	1st article:	Yes	FALSE	
136591	150352	TRUE	1st article:	Yes	FALSE	
21127	23275	TRUE	1st article:	Yes	FALSE	
36934	37090	FALSE			FALSE	
234299	249793	FALSE			FALSE	
13685	14747	FALSE			FALSE	
		FALSE			TRUE	Specialties are requestir
32839	33199	FALSE			FALSE	
48689	50842	FALSE			FALSE	
1061	1105	FALSE			FALSE	
8822	8483	FALSE			FALSE	
8992	9061	FALSE			FALSE	
20195	19381	FALSE			FALSE	
18557	18800	FALSE			FALSE	
72944	70791	FALSE			FALSE	
42648	43596	FALSE			FALSE	
91822	91878	FALSE			FALSE	
27721	28560	FALSE			FALSE	
		FALSE			TRUE	The specialty society cor
28486	30812	FALSE			FALSE	
25888	31604	FALSE			FALSE	
18686	19494	FALSE			FALSE	
23342	23944	FALSE			FALSE	
16454	15844	FALSE			FALSE	
10357	10253	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The specialty recommer
		FALSE			FALSE	
8813	9103	FALSE			FALSE	
13377	13353	FALSE			FALSE	
64237	73563	FALSE			FALSE	
9261	8940	FALSE			FALSE	
4355	4375	FALSE			FALSE	
26406	25500	FALSE			FALSE	
74677	85407	FALSE			FALSE	
4484	4702	FALSE			FALSE	

1450	1335	FALSE			FALSE	
2636	2798	FALSE			FALSE	
		FALSE			TRUE	The specialty recommer
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The specialty recommer
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The specialty recommer
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The specialty recommer
		FALSE			FALSE	
458	435	FALSE			FALSE	
705	661	FALSE			FALSE	
2067	1900	FALSE			FALSE	
3804	4141	FALSE			FALSE	
	2115	FALSE			TRUE	In April 2016 the RUC re
12760	11728	FALSE			TRUE	The specialty society exp
23069	22960	FALSE			FALSE	
1402	1456	FALSE			FALSE	
5771	6032	FALSE			FALSE	
2234	2151	FALSE			TRUE	CPT code 15740 was ide
8671	8133	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
95764	93488	FALSE			FALSE	
17614	15799	FALSE			FALSE	
2076	1944	FALSE			FALSE	
1073	941	TRUE	Oct 2012	Yes	FALSE	
5377355	5496398	FALSE			FALSE	
17459218	17583694	FALSE			FALSE	
778256	832176	FALSE			FALSE	
2793	3087	FALSE			FALSE	
1166	998	FALSE			FALSE	
3150	3472	FALSE			FALSE	
1825900	1966434	FALSE			FALSE	
92043	99295	FALSE			FALSE	
149288	150342	TRUE	Sep 2016	Yes	TRUE	In January 2016, the Rel
132906	133422	FALSE			FALSE	
244902	258189	FALSE			FALSE	

55520	54566	FALSE			FALSE	
81235	83313	FALSE			FALSE	
111551	106094	FALSE			FALSE	
104998	101337	FALSE			FALSE	
631542	673840	FALSE			FALSE	
455043	468194	FALSE			FALSE	
91662	100013	FALSE			FALSE	
45925	47937	FALSE			FALSE	
20152	20066	FALSE			FALSE	
1993	1975	FALSE			FALSE	
59800	57294	FALSE			FALSE	
4092	3971	FALSE			FALSE	
105205	108026	FALSE			FALSE	
11286	12570	FALSE			FALSE	
4223	4402	FALSE			FALSE	
727	839	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
30754	30874	FALSE			FALSE	
2350	2623	FALSE			FALSE	
4038	3766	FALSE			FALSE	
386	399	FALSE			FALSE	
18449	19515	FALSE			FALSE	
1252	1371	FALSE			FALSE	
320	295	FALSE			FALSE	
62	79	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
24292	23928	FALSE			FALSE	
7328	7795	FALSE			FALSE	
3843	4078	FALSE			FALSE	
7747	7696	FALSE			TRUE	Originally referred to CP
		FALSE			TRUE	This service was identifie
4596	4154	FALSE			TRUE	Refer to CPT to consider
3165	3438	FALSE			FALSE	
3550	3566	FALSE			TRUE	In April 2015, in prepara
1886	1989	FALSE			FALSE	
803728	821791	FALSE			FALSE	
179151	175530	FALSE			FALSE	
344069	350494	FALSE			FALSE	
271815	295258	FALSE			FALSE	
427368	415732	FALSE			TRUE	Ultrasound as an imagin
	28691	FALSE			FALSE	

520364	487357	FALSE			TRUE	Ultrasound as an imagin
	42981	FALSE			FALSE	
7005915	6395140	FALSE			TRUE	Ultrasound as an imagin
	854794	FALSE			FALSE	
55036	55637	FALSE			FALSE	
2648	2645	FALSE			FALSE	
5828	5798	FALSE			FALSE	
3822	3721	FALSE			FALSE	
4074	4342	FALSE			FALSE	
12367	13835	FALSE			TRUE	At the April 2009 RUC n
948	881	FALSE			TRUE	CPT developed new cod
1791	1903	FALSE			FALSE	
1		FALSE			FALSE	
778	707	FALSE			TRUE	CPT developed new cod
41806		FALSE			TRUE	Refer to CPT for deletion
148	80	FALSE			TRUE	Referred to CPT for dele
86		FALSE			FALSE	
	270	FALSE			FALSE	
	236	FALSE			FALSE	
	26	FALSE			FALSE	
363	268	TRUE	Nov 2016	yes	FALSE	
947	852	FALSE			FALSE	
437	392	FALSE			TRUE	CPT developed new cod
3712	4021	FALSE			FALSE	
2791	2515	FALSE			TRUE	In October 2013, AAOS a
	5157	FALSE			FALSE	Joint Workgroup recomm
	5282	FALSE			FALSE	
	3006	FALSE			FALSE	
	22354	FALSE			FALSE	
	24380	FALSE			FALSE	
	13446	FALSE			FALSE	
5838		FALSE			TRUE	Joint Workgroup recomm
6056		FALSE			TRUE	Joint Workgroup recomm
2832		FALSE			FALSE	
22219		FALSE			FALSE	
26234		FALSE			FALSE	
12091		FALSE			FALSE	
1211	1177	TRUE	Oct 2009	Yes	FALSE	
35145	36614	FALSE			FALSE	
29030	31313	FALSE			FALSE	
6015	5701	FALSE			TRUE	Referred to the CPT Edit
14039	14967	FALSE			TRUE	In January 2015 the Join
15178	15403	FALSE			FALSE	
43166	43886	FALSE			TRUE	The Workgroup accepts

109197	116423	FALSE			FALSE	
6742	6655	FALSE			TRUE	The Workgroup accepts
2400	2195	FALSE			FALSE	
32251	33341	FALSE			TRUE	
12055	12635	FALSE			TRUE	
6214	6566	FALSE			FALSE	
4259	4417	FALSE			TRUE	The Workgroup recomm
119971	127893	FALSE			TRUE	While preparing to surve
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
881	821	FALSE			TRUE	CPT developed new cod
730	696	FALSE			TRUE	CPT developed new cod
9701	8801	FALSE			FALSE	
3633	3043	FALSE			FALSE	
35486	36628	FALSE			FALSE	
2877	2666	FALSE			FALSE	
4228	4150	FALSE			FALSE	
17555	16369	FALSE			FALSE	
815	741	FALSE			FALSE	
5646	4594	FALSE			FALSE	
14364	15339	FALSE			FALSE	
1759	1683	FALSE			FALSE	
39307	43911	FALSE			FALSE	
528	478	TRUE	Nov 2016	yes	FALSE	
37358	35713	FALSE			FALSE	
212	207	TRUE	Nov 2016	yes	FALSE	
15143	14886	TRUE	Nov 2016	yes	FALSE	
2853	2748	TRUE	Nov 2016	yes	FALSE	
569	623	TRUE	Nov 2016	yes	FALSE	
973	888	TRUE	Nov 2016	yes	FALSE	
1416	1427	TRUE	Nov 2016	yes	FALSE	
502	469	TRUE	Nov 2016	yes	FALSE	
1022	998	FALSE			FALSE	
2196	2205	FALSE			FALSE	
1142	1003	FALSE			FALSE	
1451	1340	FALSE			FALSE	
7022	7258	FALSE			FALSE	
721	713	TRUE	Nov 2016	yes	FALSE	
21700	20794	TRUE	Nov 2016	yes	FALSE	
4163	3469	FALSE			FALSE	
8729	8960	FALSE			FALSE	
7065	7018	FALSE			FALSE	
14558	15026	FALSE			FALSE	

257	338	TRUE	Nov 2016	yes	FALSE	
1819	1737	TRUE	Sep 2012	Yes	FALSE	
1179	1197	FALSE			FALSE	
74	86	FALSE			FALSE	
51	45	FALSE			FALSE	
7804	8152	FALSE			FALSE	
651	584	TRUE	Nov 2016	yes	FALSE	
7678	7455	TRUE	Nov 2016	yes	FALSE	
509	542	TRUE	Nov 2016	yes	FALSE	
5852	5735	TRUE	Nov 2016	yes	FALSE	
437	412	FALSE			TRUE	CPT developed new cod
1474	1529	FALSE			FALSE	
386076	412988	FALSE			TRUE	Refer to CPT Editorial Pa
133735	142184	FALSE			FALSE	
11252	10996	FALSE			FALSE	
19472	19820	FALSE			TRUE	Refer to CPT for deletior
253	259	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
2119	1990	TRUE	Nov 2016	yes	FALSE	
254	242	TRUE	Nov 2016	yes	FALSE	
62026	60826	FALSE			FALSE	
336	338	TRUE	Nov 2016	yes	FALSE	
13839	11988	FALSE			FALSE	
78880	80360	FALSE			FALSE	
3128	3362	FALSE			FALSE	
1061	1030	TRUE	Nov 2016	yes	FALSE	
7161	7147	TRUE	Nov 2016	yes	FALSE	
6921	6817	TRUE	Nov 2016	yes	FALSE	
874	802	FALSE			FALSE	
94812	133059	TRUE	Clinical Exa	Yes	TRUE	In October 2016, the RU
15533	15734	FALSE			FALSE	
270501	278426	FALSE			FALSE	
374	340	TRUE	Nov 2016	yes	FALSE	
397	368	TRUE	Nov 2016	yes	FALSE	
479	471	TRUE	Nov 2016	yes	FALSE	
326	339	TRUE	Nov 2016	yes	FALSE	
443	398	FALSE			TRUE	CPT developed new cod
731	691	FALSE			TRUE	CPT developed new cod
1526	1511	FALSE			TRUE	CPT Editorial Panel addr
796	836	FALSE			TRUE	CPT Editorial Panel addr
2136	2371	FALSE			FALSE	
2060	2301	FALSE			FALSE	
3611	3599	FALSE			FALSE	

5016	5496	FALSE			FALSE	
1431	1384	FALSE			FALSE	
3700	3787	FALSE			FALSE	
1401	1371	TRUE	Nov 2016	yes	FALSE	
337	320	TRUE	Nov 2016	yes	FALSE	
7252	7131	FALSE			FALSE	
2782	2869	TRUE	Nov 2016	yes	FALSE	
11931	11668	FALSE			FALSE	
2619	2656	TRUE	Nov 2016	yes	FALSE	
627	649	TRUE	Nov 2016	yes	FALSE	
2358	2282	TRUE	Nov 2016	yes	FALSE	
5872	6117	FALSE			FALSE	
1019	1064	FALSE			FALSE	
2276	2493	FALSE			FALSE	
4823	4882	FALSE			FALSE	
12770	13004	FALSE			FALSE	
12878	12315	FALSE			FALSE	
81365	78418	FALSE			FALSE	
4314	4284	FALSE			FALSE	
1981	2086	FALSE			FALSE	
		FALSE			FALSE	
8323	7831	FALSE			FALSE	
3335	3397	FALSE			TRUE	In January 2014, the RU
75	76	FALSE			FALSE	
		FALSE			FALSE	
14301	13429	FALSE			FALSE	
1736	1843	FALSE			FALSE	
2593	2568	FALSE			FALSE	
4581	4694	FALSE			FALSE	
2243	2215	FALSE			FALSE	
2207	2116	FALSE			FALSE	
36996	35781	FALSE			FALSE	
660	725	TRUE	Nov 2016	yes	FALSE	
3482	3432	FALSE			FALSE	
2504	2527	FALSE			FALSE	
2997	3314	FALSE			FALSE	
12656	12727	FALSE			FALSE	
72433	71689	FALSE			FALSE	
19740	18218	FALSE			FALSE	
		TRUE	Deleted fro	Yes	TRUE	The specialty society wa
27085	28466	FALSE			FALSE	
7307	7324	FALSE			FALSE	
5775	6218	FALSE			FALSE	
31011	37212	FALSE			FALSE	

17590	21637	FALSE			FALSE	
42156	47196	FALSE			FALSE	
261452	257803	FALSE			FALSE	
67642	63215	FALSE			FALSE	
314295	309898	FALSE			FALSE	
145813	152116	FALSE			FALSE	
3493	5729	TRUE	Aug 2016	Yes	FALSE	
307	379	TRUE	Aug 2016	Yes	FALSE	
1433	1403	TRUE	Aug 2016	Yes	FALSE	
		FALSE			TRUE	This service was identifie
727	688	FALSE			FALSE	
17105	15734	FALSE			FALSE	
29328	27638	FALSE			FALSE	
40098	40108	FALSE			FALSE	
77462	78234	FALSE			FALSE	
60090	62185	FALSE			FALSE	
11755	12845	FALSE			FALSE	
155	153	FALSE			FALSE	
102	109	FALSE			FALSE	
1464	1345	FALSE			FALSE	
1495	1382	FALSE			FALSE	
6	1	FALSE			FALSE	
33455	36907	FALSE			FALSE	
2371	2580	FALSE			FALSE	
108336	101557	FALSE			FALSE	
52207	49497	FALSE			FALSE	
6877	6317	FALSE			FALSE	
1224	993	FALSE			FALSE	
511029	527955	FALSE			FALSE	
108113	113805	FALSE			FALSE	
28059	27954	FALSE			FALSE	
1160	1271	FALSE			FALSE	
4617	5082	FALSE			FALSE	
9308	10745	FALSE			FALSE	
29989	30928	FALSE			TRUE	In April 2015, the Joint C
15847	16055	FALSE			FALSE	
25793	26580	FALSE			FALSE	
21888	22249	FALSE			TRUE	In April 2015, the Joint C
8271	8929	FALSE			TRUE	In April 2015, the Joint C
9493	9983	FALSE			TRUE	In April 2015, the Joint C
22001	26168	FALSE			TRUE	In April 2015, the Joint C
12927	16988	FALSE			TRUE	In April 2015, the Joint C
286430	281205	TRUE	Oct 2016	yes	FALSE	
		FALSE			FALSE	

		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
4815	5109	FALSE			FALSE	
628502	632339	FALSE			FALSE	
67387	70560	FALSE			FALSE	
25	32	FALSE			TRUE	CPT code 31588 was ide
37	21	FALSE			TRUE	CPT code 31588 was ide
13	20	FALSE			TRUE	CPT code 31588 was ide
16	16	FALSE			TRUE	CPT code 31588 was ide
1198	1170	FALSE			TRUE	CPT code 31588 was ide
		FALSE			FALSE	
		FALSE			FALSE	
32578	30973	FALSE			FALSE	
13	2	FALSE			FALSE	
1238	1091	FALSE			FALSE	
302	355	FALSE			FALSE	
1802	1782	FALSE			FALSE	
862	860	FALSE			FALSE	
24986	29515	FALSE			TRUE	In January 2014, the RU
69566	65213	FALSE			FALSE	In January 2014, the RU
	30323	FALSE			FALSE	
23510	22390	FALSE			FALSE	In January 2014, the RU
2329	2419	FALSE			FALSE	In January 2014, the RU
35890	35060	FALSE			FALSE	In January 2014, the RU
28589	32070	FALSE			FALSE	In January 2014, the RU
3664	3677	FALSE			FALSE	
10683	11909	FALSE			FALSE	
32154	32534	FALSE			FALSE	
4480	4352	FALSE			FALSE	
		FALSE			FALSE	In January 2014, the RU
		FALSE			FALSE	In January 2014, the RU
		FALSE			FALSE	In January 2014, the RU
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	Deleted nine codes that
		FALSE			TRUE	In September 2011, the
		FALSE			TRUE	In September 2011, the
		FALSE			TRUE	In September 2011, the
496	435	FALSE			FALSE	
7569	7095	FALSE			FALSE	

598	527	FALSE			FALSE	
32	29	FALSE			FALSE	
39687	37559	FALSE			TRUE	In September 2011, the
22192	19776	FALSE			FALSE	4 new thoracentesis coo
199946	207440	FALSE			FALSE	4 new thoracentesis coo
3783	3715	FALSE			FALSE	4 new thoracentesis coo
35388	35753	FALSE			FALSE	4 new thoracentesis coo
6499	6942	FALSE			FALSE	
19929	18206	FALSE			TRUE	33213 - This code, when
105926	104039	FALSE			TRUE	33213 - This code, when
1170	998	FALSE			TRUE	33213 - This code, when
3469	2934	FALSE			TRUE	33213 - This code, when
396	379	FALSE			FALSE	
7674	6928	FALSE			FALSE	
37619	38986	FALSE			FALSE	
3127	4154	FALSE			FALSE	
297	243	FALSE			FALSE	
216	193	FALSE			FALSE	
9588	9342	FALSE			TRUE	33213 - This code, when
870	647	FALSE			TRUE	33213 - This code, when
8267	7458	FALSE			TRUE	33213 - This code, when
49476	49845	FALSE			TRUE	33213 - This code, when
4641	5047	FALSE			FALSE	
12750	10683	FALSE			FALSE	
17466	17481	FALSE			FALSE	
21732	30553	FALSE			FALSE	
5635	7162	FALSE			FALSE	
29856	28246	FALSE			FALSE	
8435	8295	FALSE			FALSE	
63820	64419	FALSE			FALSE	
72	47	TRUE	July 2016	Yes	FALSE	
0	2	TRUE	July 2016	Yes	FALSE	
		TRUE	July 2016	Yes	FALSE	
1743	1734	FALSE			FALSE	
707	666	FALSE			FALSE	
	321	FALSE			FALSE	
	796	FALSE			FALSE	
	2018	FALSE			FALSE	
	2217	FALSE			FALSE	
		FALSE			FALSE	
	586	FALSE			FALSE	
		FALSE			FALSE	
	294	FALSE			FALSE	
	246	FALSE			FALSE	

		FALSE			FALSE	
	17	FALSE			FALSE	
		FALSE			FALSE	
606		FALSE			TRUE	October 2013 the RUC r
2915		FALSE			TRUE	October 2013 the RUC r
	12	FALSE			FALSE	
		FALSE			FALSE	
	18	FALSE			FALSE	
		FALSE			FALSE	
	188	FALSE			FALSE	
	1	FALSE			FALSE	
	272	FALSE			FALSE	
	1	FALSE			FALSE	
	138	FALSE			FALSE	
	39	FALSE			FALSE	
	29	FALSE			FALSE	
	10	FALSE			FALSE	
	481	FALSE			FALSE	
11814	10024	FALSE			TRUE	Referred to CPT for revis
	4364	FALSE			FALSE	
	2780	FALSE			FALSE	
	531	FALSE			FALSE	
	2	FALSE			FALSE	
25974	22917	FALSE			TRUE	Referred to CPT for revis
	199	FALSE			FALSE	
11727	11231	FALSE			TRUE	Referred to CPT for revis
	3209	FALSE			FALSE	
	120	FALSE			FALSE	
	614	FALSE			FALSE	
	738	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	

		FALSE			FALSE	
		FALSE			FALSE	
46290	43823	FALSE			FALSE	
74	59	FALSE			FALSE	
40	35	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
796	502	FALSE			FALSE	
		FALSE			FALSE	
3648	2750	FALSE			FALSE	
		FALSE			TRUE	The code is part of a cor
2833	2430	FALSE			TRUE	In January 2015, the Joir
480	368	FALSE			TRUE	The code is part of a cor
		FALSE			TRUE	The code is part of a cor
		FALSE			TRUE	The code is part of a cor
50263	50610	FALSE			TRUE	In January 2015, the Joir
280550	279654	FALSE			TRUE	In January 2015, the Joir
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
	2	FALSE			TRUE	The specialty societies in
16112	15142	FALSE			FALSE	The Workgroup accepts
20466	19244	FALSE			FALSE	
		FALSE			TRUE	Referred to the CPT Edit
340047	341243	FALSE			FALSE	
68907	66194	FALSE			FALSE	
47260	47920	FALSE			TRUE	The Workgroup recomm
5187	4779	FALSE			TRUE	The Workgroup recomm
4705	4943	FALSE			TRUE	In September 2011, the
1077	1371	FALSE			FALSE	
3283	2830	FALSE			TRUE	The Workgroup recomm
12491	10564	FALSE			TRUE	The Workgroup recomm
35529	32691	FALSE			TRUE	The Workgroup recomm
32576	34358	FALSE			TRUE	The Workgroup recomm
13465	11778	FALSE			TRUE	The Workgroup recomm
30476	30031	FALSE			TRUE	The Workgroup recomm
9808	9909	FALSE			TRUE	The Workgroup recomm
3425	4514	FALSE			TRUE	The Workgroup recomm
49953	47135	FALSE			TRUE	An extensive lower extre
38906	39044	FALSE			FALSE	
61508	63041	FALSE			FALSE	

22267	23661	FALSE			TRUE	The code is part of a cor
4948	4438	FALSE			FALSE	
14750	12105	FALSE			FALSE	
1280	1170	FALSE			FALSE	
336	275	FALSE			FALSE	
212158	191038	FALSE			FALSE	
93168	105220	FALSE			FALSE	
8980	9126	FALSE			FALSE	
78911	80876	FALSE			FALSE	
11921	10572	FALSE			FALSE	
670	753	FALSE			FALSE	
	253	FALSE			FALSE	
	1432	FALSE			FALSE	
	344	FALSE			FALSE	
	27692	FALSE			FALSE	
	11	FALSE			FALSE	
1905	1792	TRUE	Sep 2009	Yes	TRUE	CPT code 36516 was ide
	9055	FALSE			FALSE	
42	35	FALSE			FALSE	
486583	474535	FALSE			FALSE	
	11	FALSE			TRUE	In October 2016, The RU
195367	183724	FALSE			TRUE	In October 2016, The RU
	6970	FALSE			TRUE	In October 2016, The RU
559803	558681	FALSE			FALSE	
6786	6453	FALSE			FALSE	
10515	9921	FALSE			FALSE	
2258	2128	FALSE			FALSE	
33407	33266	FALSE			FALSE	
994		FALSE			TRUE	Added as part of 33960
2833	2852	FALSE			FALSE	
22447	22118	FALSE			FALSE	
		FALSE			TRUE	The RUC referred the se
59655	57474	FALSE			TRUE	The RUC reviewed the 2
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
831	845	FALSE			FALSE	
48659	44371	FALSE			FALSE	

57	38	FALSE			FALSE	
5205	6161	FALSE			FALSE	
		FALSE			TRUE	The Workgroup accepts
		FALSE			TRUE	
		FALSE			TRUE	In February 2010, the CF
		FALSE			TRUE	In February 2010, the CF
		FALSE			TRUE	In February 2010, the CF
		FALSE			TRUE	In February 2010, the CF
		FALSE			TRUE	In February 2010, the CF
		FALSE			TRUE	The Workgroup accepts
		FALSE			TRUE	
10479	10313	FALSE			FALSE	
3569	3418	FALSE			FALSE	
3627	3221	FALSE			FALSE	
6288	6429	FALSE			FALSE	
11391	11736	FALSE			FALSE	
39689	38024	FALSE			FALSE	
3215	3188	FALSE			FALSE	
5435	5312	FALSE			FALSE	
30919	33151	FALSE			FALSE	
30773	33667	FALSE			FALSE	
33744	29419	FALSE			FALSE	
17361	18146	FALSE			FALSE	
27596	27772	FALSE			FALSE	
22447	25213	FALSE			FALSE	
3487	3035	FALSE			FALSE	
1723	1858	FALSE			FALSE	
9367	9559	FALSE			FALSE	
4975	5562	FALSE			FALSE	
417	355	FALSE			FALSE	
145	136	FALSE			FALSE	
15915	14738	FALSE			FALSE	
1501	1350	FALSE			FALSE	
34799	37245	FALSE			FALSE	
3688	5065	FALSE			FALSE	
16268	18520	FALSE			FALSE	
7620	8487	FALSE			FALSE	
13396	14091	FALSE			FALSE	
8733	9240	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
9367	10556	FALSE			TRUE	A CCP was submitted fo

9208	12931	FALSE			TRUE	A CCP was submitted fo
		FALSE			FALSE	A CCP was submitted fo
		FALSE			FALSE	A CCP was submitted fo
16201	15711	FALSE			FALSE	
120	78	FALSE			FALSE	
		FALSE			TRUE	The Workgroup accepts
338	232	FALSE			TRUE	The RUC referred the se
661	545	FALSE			FALSE	
15294	15563	FALSE			FALSE	
11696	12146	FALSE			FALSE	
1935	1616	FALSE			FALSE	
	32285	FALSE			FALSE	
126522	124855	FALSE			TRUE	Prior to the January 201
		FALSE			FALSE	
763	755	FALSE			FALSE	
1603	1941	FALSE			FALSE	
10539	12321	FALSE			FALSE	
2471	2639	FALSE			FALSE	
8401	7551	FALSE			TRUE	Referred to CPT for revis
		FALSE			FALSE	Referred to CPT for revis
		FALSE			FALSE	Referred to CPT for revis
33995	33255	FALSE			FALSE	
362	317	TRUE	Nov 2016	yes	FALSE	
1347	1276	FALSE			FALSE	
6502	6195	FALSE			FALSE	
1004	1130	FALSE			FALSE	
2947	3087	FALSE			FALSE	
1062	896	FALSE			FALSE	
5157	5091	FALSE			FALSE	
1579	1619	FALSE			FALSE	
1978	1893	FALSE			FALSE	
2254	2812	FALSE			FALSE	
80	144	FALSE			FALSE	
206	267	FALSE			FALSE	
171	204	FALSE			FALSE	
309	393	FALSE			FALSE	
269	341	FALSE			FALSE	
1350	1858	FALSE			FALSE	
276	302	FALSE			FALSE	
10147	8042	FALSE			FALSE	Several specific codes id
402	339	FALSE			FALSE	Several specific codes id
3260	2763	FALSE			FALSE	Several specific codes id
24	19	FALSE			FALSE	Several specific codes id
242	215	FALSE			FALSE	Several specific codes id

57	65	FALSE			FALSE	
139	144	FALSE			FALSE	
583	644	FALSE			FALSE	
491	413	FALSE			FALSE	
199	189	FALSE			FALSE	
1291	1171	FALSE			FALSE	Several specific codes id
45	70	FALSE			FALSE	Several specific codes id
129	89	FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
2249	2097	FALSE			FALSE	Several specific codes id
2029	1768	FALSE			FALSE	Several specific codes id
425	356	FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
4709	3689	FALSE			FALSE	
494	535	FALSE			FALSE	Several specific codes id
414	477	FALSE			FALSE	Several specific codes id
1532	1762	FALSE			FALSE	
		FALSE			TRUE	Several specific codes id
365967	353722	FALSE			FALSE	Several specific codes id
15793	15556	TRUE	Apr 2009 a	Yes	FALSE	Several specific codes id
5269	9387	FALSE			TRUE	In the Panel Action mem
4001	7665	FALSE			TRUE	In the Panel Action mem
1407253	1393193	FALSE			FALSE	Several specific codes id
544	567	FALSE			TRUE	In the Panel Action mem
3754	3630	FALSE			FALSE	Several specific codes id
28412	25689	TRUE	Mar 2009	Yes	TRUE	In the Panel Action mem
1585	1394	FALSE			FALSE	Several specific codes id
18951	19722	FALSE			FALSE	Several specific codes id
13862	14492	FALSE			FALSE	Several specific codes id
100905	94189	FALSE			FALSE	Several specific codes id
28801	28025	FALSE			FALSE	Several specific codes id
102385	102824	FALSE			FALSE	Several specific codes id
97822	100132	FALSE			FALSE	Several specific codes id
5800	4772	FALSE			FALSE	Several specific codes id
28462	28832	FALSE			FALSE	Several specific codes id
1040	1411	FALSE			TRUE	In the Panel Action mem
2747	3601	FALSE			FALSE	
56367	56198	FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
201	283	FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
38041	35362	TRUE	Mar 2009	Yes	TRUE	In the Panel Action mem
8019	7002	FALSE			TRUE	Several specific codes id
7838	7679	FALSE			FALSE	Several specific codes id

35497	33549	FALSE			FALSE	Several specific codes id
348	262	FALSE			FALSE	Several specific codes id
47272	48042	FALSE			FALSE	Several specific codes id
2676	2672	FALSE			FALSE	Several specific codes id
4626	4783	FALSE			FALSE	
		FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
17179	17999	FALSE			FALSE	
		FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
4400	5935	FALSE			FALSE	Several specific codes id
37499	38845	FALSE			FALSE	
11598	12128	FALSE			FALSE	
12063	12214	FALSE			FALSE	
6459	6156	FALSE			FALSE	
436	461	FALSE			FALSE	
72186	69072	FALSE			FALSE	
2415	2321	FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
		FALSE			FALSE	Several specific codes id
11318	10915	FALSE			FALSE	
10581	10733	FALSE			FALSE	
7691	8411	FALSE			FALSE	
2482	2483	FALSE			FALSE	Several specific codes id
		FALSE			FALSE	
1471	1507	FALSE			FALSE	Several specific codes id
206		FALSE			FALSE	Several specific codes id
		FALSE			FALSE	
1308	1367	FALSE			FALSE	Several specific codes id
1205	1310	FALSE			FALSE	Several specific codes id
4659	5136	FALSE			TRUE	Several specific codes id
2204	2343	FALSE			TRUE	Several specific codes id
28	33	FALSE			TRUE	Several specific codes id
201	197	FALSE			TRUE	Several specific codes id
614	521	FALSE			TRUE	Several specific codes id
145		FALSE			TRUE	Several specific codes id
1485	1595	FALSE			TRUE	Several specific codes id
9		FALSE			TRUE	Several specific codes id
		FALSE			TRUE	
		FALSE			FALSE	
		FALSE			TRUE	
		FALSE			TRUE	
		FALSE			TRUE	

		FALSE			TRUE	
		FALSE			TRUE	
		FALSE			TRUE	
		FALSE			FALSE	Deleted nine codes that
19474	20589	FALSE			FALSE	
		FALSE			TRUE	CPT code 45170 Excisior
2916	2712	FALSE			FALSE	
1992	1957	FALSE			FALSE	
56294	57851	FALSE			FALSE	Several specific codes id
36054	36907	FALSE			FALSE	Several specific codes id
332	320	FALSE			FALSE	Several specific codes id
1329	1233	FALSE			FALSE	Several specific codes id
3288	3237	FALSE			FALSE	Several specific codes id
2929	3184	FALSE			FALSE	Several specific codes id
1001	1332	FALSE			FALSE	Several specific codes id
4746	5047	FALSE			FALSE	Several specific codes id
1575		FALSE			FALSE	Several specific codes id
1216	1364	FALSE			FALSE	Several specific codes id
3539	3360	FALSE			TRUE	Several specific codes id
372	421	FALSE			TRUE	Several specific codes id
526		FALSE			FALSE	Several specific codes id
	1	FALSE			FALSE	
	1	FALSE			FALSE	
		FALSE			TRUE	
		FALSE			TRUE	
501		FALSE			FALSE	Several specific codes id
498528	461645	FALSE			TRUE	Several specific codes id
871	932	FALSE			TRUE	Several specific codes id
933219	963491	FALSE			TRUE	Several specific codes id
77305	76334	TRUE	Jun 2010	Yes	TRUE	Several specific codes id
23549	23810	FALSE			TRUE	Several specific codes id
48813		FALSE			TRUE	Several specific codes id
130877	121535	FALSE			TRUE	Several specific codes id
741084	781487	FALSE			TRUE	Several specific codes id
2297	2264	FALSE			TRUE	Several specific codes id
638		FALSE			TRUE	Several specific codes id
	1	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
820	884	FALSE			TRUE	Several specific codes id
107	123	FALSE			TRUE	Several specific codes id
		FALSE			FALSE	
		FALSE			FALSE	
1314	1188	FALSE			FALSE	

12161	12303	FALSE			FALSE	
		FALSE			FALSE	Deleted nine codes that
1396	1323	FALSE			FALSE	
	1	FALSE			TRUE	Identified as part of 471
2070	2344	FALSE			FALSE	
9651	10182	FALSE			TRUE	This service was referre
5072	4210	FALSE			TRUE	The Joint Workgroup re
16619	15146	FALSE			TRUE	The Joint Workgroup re
2014	2026	FALSE			TRUE	The Joint Workgroup re
4919	4855	FALSE			TRUE	The Joint Workgroup re
12655	12834	FALSE			FALSE	
210	192	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The committee noted th
60	45	FALSE			FALSE	
109672	108772	FALSE			FALSE	
48553	46546	FALSE			FALSE	
12009	10771	FALSE			FALSE	
2499	2236	FALSE			FALSE	
1547	1338	FALSE			FALSE	
		FALSE			FALSE	Deleted nine codes that
		FALSE			FALSE	Deleted nine codes that
		FALSE			FALSE	Deleted nine codes that
		FALSE			FALSE	Deleted nine codes that
		FALSE			TRUE	The specialty reported t
		FALSE			FALSE	
12934	12362	FALSE			FALSE	
205152	214704	FALSE			FALSE	
2213	2177	FALSE			FALSE	
6450	6046	FALSE			FALSE	Deleted nine codes that
30598	30464	FALSE			FALSE	Deleted nine codes that
305	294	FALSE			FALSE	Deleted nine codes that

4728	5207	FALSE			FALSE	
		FALSE			TRUE	At the April 2008 RUC m
3168	2738	FALSE			TRUE	At the April 2008 RUC m
	10937	FALSE			FALSE	
71319	67070	FALSE			FALSE	
11887	11826	FALSE			FALSE	
2380	2302	FALSE			FALSE	
9149	9057	FALSE			FALSE	
7678	7822	FALSE			FALSE	
3841	4340	FALSE			FALSE	
6542	6580	FALSE			FALSE	
3869	3848	FALSE			FALSE	
		FALSE			FALSE	Deleted nine codes that
33823	34145	FALSE			FALSE	
9954	10650	FALSE			FALSE	
5771	5909	FALSE			FALSE	
22504	23081	FALSE			TRUE	The Joint Workgroup rec
12844	12894	FALSE			TRUE	The Joint Workgroup rec
23077	19699	FALSE			TRUE	The Joint Workgroup rec
3636	3722	FALSE			TRUE	
33929	36124	FALSE			TRUE	The Joint Workgroup rec
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
350	336	FALSE			FALSE	
2056	2024	FALSE			FALSE	
60346	59870	FALSE			FALSE	
2928	2913	TRUE	Dec 2009	Yes	FALSE	
		FALSE			TRUE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	
		FALSE			TRUE	
5884	5595	FALSE			FALSE	
13858	13821	FALSE			FALSE	
177362	177889	FALSE			FALSE	
174401	171226	FALSE			FALSE	
218767	222465	FALSE			FALSE	
56975	56115	FALSE			FALSE	
177150	173761	FALSE			FALSE	
9637	8619	FALSE			TRUE	Referred to the CPT Edit

2974	2624	FALSE			FALSE	
69575	67068	FALSE			FALSE	
79997	76093	FALSE			FALSE	
12969	11455	FALSE			FALSE	
539675	509626	FALSE			FALSE	
		FALSE			TRUE	Referred to the CPT Edit
166742	154735	TRUE	Feb 2014	Yes	TRUE	The Joint Workgroup ref
16191	12774	TRUE	Feb 2014	Yes	TRUE	The Joint Workgroup ref
		FALSE			TRUE	Referred to the CPT Edit
133776	128931	FALSE			TRUE	Referred to the CPT Edit
2017985	2054676	FALSE			FALSE	
918823	902230	FALSE			FALSE	
20625	20000	TRUE	Aug 2009 a	Yes	FALSE	
47128	44970	TRUE	Aug 2009 a	Yes	FALSE	
26983	26897	TRUE	May 2016	Yes	FALSE	
32000	31935	TRUE	May 2016	Yes	FALSE	
23018	22524	TRUE	May 2016	Yes	FALSE	
90209	82484	FALSE			FALSE	
142850	140156	FALSE			TRUE	The Joint Workgroup rec
2680	2542	FALSE			FALSE	
263	254	FALSE			FALSE	
23	23	FALSE			FALSE	
3218	3214	FALSE			FALSE	
505	496	FALSE			FALSE	
205	253	FALSE			FALSE	
21221	21317	FALSE			FALSE	
22192	23086	FALSE			FALSE	
16704	12262	FALSE			TRUE	The Joint Workgroup rec
7883	8128	FALSE			FALSE	
1004	916	FALSE			FALSE	
39947	50333	FALSE			FALSE	
329	262	FALSE			FALSE	
4127	3921	FALSE			FALSE	
46978	46743	FALSE			FALSE	
1719	1648	FALSE			FALSE	
24427	23881	FALSE			FALSE	
1827	1746	FALSE			FALSE	
9227	7711	FALSE			FALSE	
5064	4884	FALSE			FALSE	
1271	1292	FALSE			FALSE	
2976	2923	FALSE			FALSE	
1249	1217	FALSE			FALSE	
130840	136244	FALSE			FALSE	
1212	1218	FALSE			FALSE	

1775	1733	FALSE			FALSE	
240	229	FALSE			FALSE	
1768	1670	FALSE			FALSE	
13196	14824	FALSE			TRUE	The specialty society rep
1765	1649	FALSE			FALSE	
1788	1706	FALSE			FALSE	
2726	2826	FALSE			FALSE	
3371	3307	FALSE			TRUE	ACOG conducted origina
11244	12111	FALSE			FALSE	
11062	10121	FALSE			TRUE	In October 2015, CPT co
	7573	FALSE			TRUE	In October 2015, CPT co
	7590	FALSE			TRUE	In October 2015, CPT co
	4418	FALSE			TRUE	In October 2015, CPT co
2874	2709	FALSE			FALSE	
25880	23596	FALSE			FALSE	
1622	1662	FALSE			FALSE	
41187	40941	FALSE			FALSE	
155	166	FALSE			FALSE	
51	53	FALSE			FALSE	
1954	2293	FALSE			FALSE	
207	239	FALSE			FALSE	
4537	4003	FALSE			FALSE	
1428	1251	FALSE			FALSE	
11177	11281	FALSE			FALSE	
		FALSE			FALSE	Deleted nine codes that
4307	3871	FALSE			FALSE	
2094	1953	FALSE			FALSE	
1254	1259	FALSE			FALSE	
26	38	FALSE			FALSE	
67	58	FALSE			FALSE	
930	977	FALSE			FALSE	
1117	870	FALSE			FALSE	
1429	1405	FALSE			FALSE	
3481	3142	FALSE			FALSE	
1612	1466	FALSE			FALSE	
1176	1166	FALSE			FALSE	
98	120	FALSE			FALSE	
73	48	FALSE			FALSE	
38	40	FALSE			FALSE	
28	23	FALSE			FALSE	
22	10	FALSE			FALSE	
10	13	FALSE			FALSE	
8078	7720	FALSE			FALSE	
507	488	FALSE			FALSE	

320	355	FALSE			FALSE	
300	334	FALSE			FALSE	
119	118	FALSE			FALSE	
545	440	FALSE			TRUE	This code change applica
12135	12308	FALSE			FALSE	
9841	10460	FALSE			FALSE	
6048	7007	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The specialty commente
5668	6009	FALSE			FALSE	
5719	6171	FALSE			FALSE	
3707	3694	FALSE			FALSE	
822	880	FALSE			FALSE	
5776	5967	FALSE			FALSE	
6118	6015	FALSE			TRUE	In Feb 2009, the specialt
514	363	FALSE			FALSE	
571	575	TRUE	Q&A May 2	Yes	FALSE	
55397	13684	FALSE			TRUE	Joint Workgroup reques
251	204	FALSE			FALSE	
12915	11438	TRUE	Mar 2011	Yes	FALSE	
	5719	FALSE			TRUE	Joint Workgroup reques
	456	FALSE			TRUE	Joint Workgroup reques
	24630	FALSE			TRUE	Joint Workgroup reques
	7523	FALSE			TRUE	Joint Workgroup reques
208734	215869	FALSE			TRUE	In the NPRM for 2015, C
815840	820248	FALSE			TRUE	In the NPRM for 2015, C
33398	32361	FALSE			TRUE	In the NPRM for 2015, C
18032	15313	FALSE			TRUE	In the NPRM for 2015, C
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
6054	5607	FALSE			FALSE	
1275	1202	FALSE			FALSE	
441	415	FALSE			FALSE	
56	56	FALSE			FALSE	
7862	7382	FALSE			FALSE	
1263	1170	FALSE			FALSE	
8157	8215	FALSE			TRUE	Identified through the C
49152	46634	FALSE			TRUE	Identified through the C

40645	39655	FALSE			TRUE	
93187	94044	FALSE			TRUE	
37932	35993	FALSE			FALSE	
18067	15890	FALSE			FALSE	
8534	9168	FALSE			FALSE	
3163	3244	FALSE			FALSE	
101646	101456	FALSE			FALSE	
136018	134208	FALSE			FALSE	
8296	7856	TRUE	Oct 2009	Yes	TRUE	The specialty noted that
996	833	FALSE			TRUE	Referred to the CPT Edit
612	548	FALSE			FALSE	
1243	1033	FALSE			TRUE	In January 2015 the Join
461	425	FALSE			FALSE	
69	77	FALSE			FALSE	
46995	48831	FALSE			FALSE	
5807	5720	FALSE			FALSE	
		FALSE			TRUE	The RUC recommend th
3171	3058	FALSE			FALSE	
1864	1824	FALSE			FALSE	
1010	993	FALSE			FALSE	
623	574	FALSE			FALSE	
14629	15580	FALSE			FALSE	
6334	6448	FALSE			FALSE	
4552	4250	TRUE	FAQ Sept 2	Yes	TRUE	In April 2013, CPT code (
145182	153445	TRUE	Dec 2011 &	Yes	FALSE	
17881	18731	FALSE			TRUE	The RUC recommended
30985	31454	FALSE			FALSE	
113149	108959	TRUE	Dec 2011 &	Yes	FALSE	
6316	5949	FALSE			TRUE	The RUC recommended
142570	157469	TRUE	Dec 2011 &	Yes	FALSE	
47181	39296	FALSE			TRUE	The RUC recommended
3954	3303	FALSE			TRUE	The RUC recommended
708932	542035	TRUE	Jan 2013	Yes	FALSE	
	65979	FALSE			FALSE	
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
44847	44931	FALSE			TRUE	The RUC recommended
25209	24514	FALSE			TRUE	The RUC recommended
972483	991128	FALSE			TRUE	The RUC recommended
464621	467888	FALSE			TRUE	The Workgroup recomm
208432	222602	FALSE			FALSE	
183914	196757	FALSE			FALSE	

128714	136094	FALSE			FALSE	
727840	783917	FALSE			FALSE	
648717	699106	FALSE			FALSE	
400232	433136	FALSE			FALSE	
7619	7011	FALSE			FALSE	
22865	20333	FALSE			FALSE	
	15824	FALSE			FALSE	
536	240	FALSE			TRUE	The RUC discussed the c
12696	8200	TRUE	Jan 2016	Yes	TRUE	The RUC discussed the c
15590	13993	FALSE			FALSE	
	1260	FALSE			FALSE	
112394	136614	FALSE			FALSE	
759	689	FALSE			FALSE	
		FALSE			TRUE	In Feb 2009, the specialt
10347	10139	FALSE			FALSE	
11194	10552	FALSE			FALSE	
		FALSE			TRUE	The Executive Committe
		FALSE			TRUE	The Executive Committe
		FALSE			TRUE	The Executive Committe
		FALSE			TRUE	The Executive Committe
49792	57061	TRUE	February 2(	Yes	TRUE	In February 2011, the CF
85280	95431	TRUE	February 2(	Yes	TRUE	In February 2011, the CF
214371	243236	TRUE	February 2(	Yes	TRUE	In February 2011, the CF
351983	394015	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CF
78065	97678	FALSE			FALSE	
3486	3611	FALSE			FALSE	
608	671	FALSE			TRUE	The specialty society has
978	968	FALSE			FALSE	
900	894	FALSE			FALSE	
30661	28000	FALSE			FALSE	
856	850	FALSE			FALSE	
2239	2094	TRUE	Jun 2009	Yes	FALSE	
44786	37625	FALSE			TRUE	Sept 2011 AAO stated th
		FALSE			TRUE	Sept 2011 AAO stated th
150092	152326	FALSE			TRUE	Referred to CPT to exclu
11511	11527	FALSE			FALSE	
5287	5207	FALSE			FALSE	
	373	FALSE			TRUE	
12911	12667	FALSE			TRUE	In April 2013, the Ameri
5561	4798	FALSE			FALSE	
	376	FALSE			TRUE	
1953	1805	FALSE			TRUE	In April 2013, the Ameri
79066	78496	FALSE			TRUE	In April 2009 the Workg
627871	637240	FALSE			FALSE	

174261	170991	TRUE	Sep 2009	Yes	FALSE	
1627245	1641657	FALSE			FALSE	
2746152	2963359	FALSE			FALSE	
14921	15417	FALSE			FALSE	
		FALSE			FALSE	
2455	2555	FALSE			FALSE	
10786	9734	FALSE			FALSE	
14301	14297	FALSE			FALSE	
24699	24510	FALSE			FALSE	
998	742	FALSE			FALSE	
591	602	FALSE			TRUE	In April 2015, the RUC re
5811	5763	FALSE			TRUE	In April 2015, the RUC re
1011	906	FALSE			FALSE	CPT codes 67108 amd 6
14077	14547	FALSE			FALSE	CPT codes 67108 amd 6
2710	2755	FALSE			FALSE	CPT codes 67108 amd 6
521	409	FALSE			TRUE	Added as part of the fan
11584	12078	FALSE			FALSE	CPT codes 67108 amd 6
78622	68755	FALSE			TRUE	Code originally referred
6176	4470	FALSE			TRUE	Code originally referred
273	235	FALSE			FALSE	
76910	73755	FALSE			FALSE	
11908	2026	FALSE			TRUE	
276177	247521	FALSE			FALSE	
2018	1922	FALSE			FALSE	
434	335	FALSE			FALSE	
2604	2198	FALSE			FALSE	
27098	26076	FALSE			FALSE	
4151	4015	FALSE			FALSE	
142	120	FALSE			FALSE	
1953	1735	FALSE			FALSE	
12217	11698	FALSE			FALSE	
5431	5087	FALSE			TRUE	AAO to develop CPT Ass
21894	18452	FALSE			FALSE	
42985	41845	FALSE			FALSE	
30325	30576	FALSE			FALSE	
643	560	FALSE			FALSE	
7815	8043	FALSE			FALSE	
280	250	FALSE			FALSE	
124622	132335	FALSE			FALSE	
44922	45011	FALSE			FALSE	
1564954	1538900	FALSE			TRUE	In January 2012, the RU
365		FALSE			TRUE	October 2013, the RUC r
10324		FALSE			TRUE	October 2013, the RUC r
31		FALSE			TRUE	October 2013, the RUC r

44505	47911	FALSE			FALSE	
17148	18145	TRUE	May 2011	Yes	TRUE	The Workgroup previou
		FALSE			TRUE	Prior to surveying this se
2758	3056	FALSE			FALSE	
21930	21675	FALSE			FALSE	
2002	2408	FALSE			FALSE	
8929	7991	TRUE	July 2014	Yes	FALSE	
4142	4282	TRUE	July 2014	Yes	FALSE	
5477928	5587715	FALSE			FALSE	
34103	36236	FALSE			FALSE	
138206	126955	FALSE			FALSE	
464926	473336	FALSE			FALSE	
20957	22788	FALSE			FALSE	
3881	3852	FALSE			FALSE	
66480	68017	FALSE			FALSE	
230446	238355	FALSE			FALSE	
24754	24779	FALSE			FALSE	
195582	234736	FALSE			FALSE	
222673	257968	FALSE			FALSE	
10778	10993	FALSE			FALSE	
1215	1291	FALSE			FALSE	
51511	52521	FALSE			FALSE	
291251	277566	FALSE			FALSE	
3413	3334	FALSE			FALSE	
15479	16562	FALSE			FALSE	
84522	81973	FALSE			FALSE	
29490	26436	FALSE			FALSE	
79268	73929	FALSE			FALSE	
956857	1011623	FALSE			FALSE	
24507	25220	FALSE			FALSE	
952189	960232	FALSE			FALSE	
17693412	17329127	FALSE			FALSE	
733	848	FALSE			FALSE	
11857114	11852589	FALSE			FALSE	
6386	6169	FALSE			FALSE	
11413	11853	FALSE			FALSE	
3175	2912	FALSE			FALSE	
10525	10087	FALSE			FALSE	
623	472	FALSE			FALSE	
111639	97569	FALSE			FALSE	
		FALSE			TRUE	33213 - This code, when
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	

		FALSE			FALSE	
233503	222064	FALSE			FALSE	
265402	277529	FALSE			FALSE	
30002	29856	FALSE			FALSE	
28842	28600	FALSE			FALSE	
1658471	1822629	FALSE			FALSE	
1662802	1697227	FALSE			FALSE	
97770	90753	FALSE			FALSE	
862485	939327	TRUE	Jun 2009	Yes	FALSE	
	177936	FALSE			FALSE	
610077	621960	FALSE			TRUE	The RUC recommended
397028	397370	FALSE			TRUE	The RUC recommended
100886	98596	FALSE			TRUE	The RUC recommended
314293	310759	FALSE			FALSE	
	203717	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
1875706	1881429	FALSE			TRUE	This service was brought
876017	871644	FALSE			TRUE	April 2010, refer to CPT
91035	94995	FALSE			TRUE	This service was brought
38121	42093	FALSE			TRUE	Code 72110 was identifi
943839	1024617	FALSE			FALSE	
20341	20884	FALSE			FALSE	
2202	2359	FALSE			FALSE	
134703	146589	FALSE			FALSE	
16253	17973	FALSE			FALSE	
1410	1453	FALSE			FALSE	
399855	425135	FALSE			FALSE	
57936	58822	FALSE			FALSE	
4684	4828	FALSE			FALSE	
533533	553257	FALSE			FALSE	
4143	4224	FALSE			FALSE	
188579	193992	FALSE			FALSE	
3298	3582	FALSE			FALSE	
1221570	1270194	FALSE			FALSE	
6922	7155	FALSE			FALSE	
109439	111913	FALSE			FALSE	
82404	85629	FALSE			FALSE	
261320	259377	FALSE			FALSE	
1838399	1866046	FALSE			TRUE	The Joint Workgroup rec
2597	2909	FALSE			TRUE	The Workgroup accepts
146808	154761	FALSE			TRUE	The specialty society ind
34358	33395	FALSE			TRUE	The specialty society ind
5958	5635	FALSE			TRUE	Referred to the CPT Edit

71903	74815	FALSE			FALSE	
2523	3021	FALSE			FALSE	
91752	110440	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
	121225	FALSE			FALSE	
6866	1424	FALSE			TRUE	Joint Workgroup reques
741	242	FALSE			TRUE	This code change applica
31058	6445	FALSE			TRUE	Joint Workgroup reques
8318	1248	FALSE			TRUE	Joint Workgroup reques
83618	78497	TRUE	Oct 2009 a	Yes	FALSE	
60292		FALSE			TRUE	Joint Workgroup recomı
870		FALSE			TRUE	Joint Workgroup recomı
2408075	2484455	FALSE			FALSE	
351911	349726	FALSE			FALSE	
	234717	FALSE			FALSE	
339574	355166	FALSE			FALSE	
	231480	FALSE			FALSE	
339304	327400	FALSE			FALSE	
958689	981972	FALSE			FALSE	
279326	282043	FALSE			FALSE	
1036088	1085017	FALSE			FALSE	
350303	357502	FALSE			FALSE	
86397	91847	FALSE			FALSE	
14131	15237	FALSE			FALSE	
1888	1855	FALSE			FALSE	
3497	4031	FALSE			FALSE	
31291	32253	TRUE	Feb 2011	Yes	FALSE	
422083	434484	FALSE			FALSE	
525133	529563	FALSE			TRUE	In Jan 2012, the specialt
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
2465800	2484993	FALSE			FALSE	
370291	376604	FALSE			TRUE	CPT code 73520 was ide
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
223	186	FALSE			FALSE	
		TRUE	Deleted fro	Yes	TRUE	The RUC recommends re
566039	574206	FALSE			TRUE	In Jan 2012, the specialt
		FALSE			FALSE	
		FALSE			FALSE	
2032443	1997300	FALSE			FALSE	

2099005	2199949	FALSE			FALSE	
1248298	1340479	FALSE			FALSE	
314143	298179	FALSE			FALSE	
32547	37451	TRUE	Jun 2012	Yes	TRUE	These procedures were r
485861	491688	FALSE			FALSE	
267915	265096	FALSE			FALSE	
1215375	1239249	FALSE			FALSE	
736973	708536	FALSE			FALSE	
2413001	2527621	FALSE			FALSE	
	101846	FALSE			FALSE	
	117823	FALSE			FALSE	
227628	242735	FALSE			FALSE	
34061	35258	FALSE			FALSE	
4448	4486	FALSE			FALSE	
13927	13921	FALSE			FALSE	
116362	123794	FALSE			FALSE	
1425	1662	FALSE			FALSE	
53264	55346	FALSE			FALSE	
610205	628830	FALSE			FALSE	
2055914	2091433	FALSE			FALSE	
38005	35644	FALSE			FALSE	
656764	620850	FALSE			FALSE	
613681	546878	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
98474	95449	FALSE			TRUE	Referred to the CPT Edit
132926	127005	FALSE			TRUE	Referred to the CPT Edit
108543	105898	FALSE			TRUE	Referred to the CPT Edit
160747	179474	FALSE			FALSE	
47351	44269	FALSE			TRUE	The ACR submitted a let
2123351	2196319	FALSE			FALSE	
2505532	2688692	FALSE			FALSE	
577266	552492	FALSE			FALSE	
104114	108309	FALSE			FALSE	
4175	5165	FALSE			FALSE	
220290	242329	FALSE			FALSE	
	2337	FALSE			FALSE	
	194633	FALSE			FALSE	
364040	353741	FALSE			FALSE	
25597	25062	FALSE			FALSE	
17220	15728	FALSE			FALSE	
17553	16149	FALSE			TRUE	The Joint Workgroup rec
5454	4576	FALSE			TRUE	The Joint Workgroup rec

354	313	FALSE			FALSE	
14177	11652	FALSE			FALSE	
	155528	FALSE			FALSE	
37119	31287	FALSE			TRUE	The Joint Workgroup rec
23421	23455	FALSE			TRUE	The Joint Workgroup rec
14157	14087	FALSE			TRUE	The Joint Workgroup rec
41662	44026	FALSE			FALSE	
92884	93812	FALSE			FALSE	
		FALSE			TRUE	The Workgroup recomm
		FALSE			TRUE	The Workgroup recomm
		FALSE			TRUE	The Workgroup recomm
140951	144151	FALSE			FALSE	
83532	82045	FALSE			FALSE	
		FALSE			TRUE	The Workgroup recomm
		FALSE			TRUE	The Workgroup recomm
		FALSE			TRUE	Referred to the CPT Edit
18468	16928	FALSE			FALSE	
414	383	FALSE			FALSE	
467	545	FALSE			FALSE	
7211	7161	FALSE			TRUE	The Workgroup accepts
4928	4924	FALSE			TRUE	AANS indicated that the
12610	12485	FALSE			TRUE	The Workgroup accepts
		FALSE			TRUE	The Workgroup accepts
9364	10388	FALSE			TRUE	A CCP was submitted for
8271	11399	FALSE			TRUE	A CCP was submitted for
	17062	FALSE			FALSE	
	11808	FALSE			FALSE	
	663	FALSE			FALSE	
		FALSE			TRUE	In February 2010, the CP
		FALSE			TRUE	The Workgroup accepts
48871	49144	FALSE			TRUE	The Workgroup accepte
1924	1110	FALSE			TRUE	In February 2010, the CP
2480	2077	FALSE			TRUE	In January 2015, the Joir
234	207	FALSE			TRUE	In January 2015, the Joir
276578	275942	FALSE			TRUE	CPT code 75978 was ide
1884	1912	FALSE			TRUE	The Joint Workgroup rec
5017	4996	FALSE			TRUE	The Joint Workgroup rec
62277	65846	FALSE			TRUE	The Joint Workgroup rec
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
		FALSE			TRUE	The RUC recommended
134658	123131	FALSE			FALSE	

		FALSE			FALSE	
5448	5271	FALSE			FALSE	
189	19	FALSE			FALSE	
1112	1412	FALSE			FALSE	
	16293	FALSE			FALSE	
	5447	FALSE			FALSE	
192425	197357	FALSE			FALSE	
27278	27190	TRUE	Apr 2013	Yes	TRUE	CPT Executive Committe
	4162	FALSE			FALSE	
371305	330649	FALSE			FALSE	
760096	798297	FALSE			FALSE	
	473545	FALSE			FALSE	
	722205	FALSE			FALSE	
912319		FALSE			TRUE	Code 76645, Ultrasound
1012962	996372	FALSE			FALSE	
1000520	1029102	FALSE			FALSE	
		TRUE	Article Needed		FALSE	
1220851	1250695	FALSE			FALSE	
686073	658095	FALSE			FALSE	
13106	12517	FALSE			FALSE	
456190	456761	FALSE			FALSE	
508521	497466	FALSE			FALSE	
239782	223865	FALSE			FALSE	
	132864	FALSE			FALSE	
195695	196410	FALSE			FALSE	
		FALSE			TRUE	The RUC recommended
174514	187406	TRUE	Clinical Exa	Yes	TRUE	In February 2010, the CF
247113	242285	TRUE	Clinical Exa	Yes	TRUE	In February 2010, the CF
2142	2104	FALSE			FALSE	
1161	1252	FALSE			FALSE	
1367	1101	FALSE			FALSE	
1575	1378	FALSE			FALSE	
1945388	1168389	FALSE			TRUE	Ultrasound as an imagin
11	6	FALSE			FALSE	
19174		FALSE			TRUE	At the April 2013 RUC m
6293	5971	FALSE			FALSE	
22722	24204	FALSE			FALSE	
437516	433057	FALSE			TRUE	In the NPRM for 2015, C
383113	435617	FALSE			TRUE	In the NPRM for 2015, C
956017	373473	FALSE			TRUE	In the NPRM for 2015, C
4648	4725	FALSE			FALSE	
	197107	FALSE			FALSE	
1431826	1543628	FALSE			TRUE	Revise based on CMS inp
		FALSE			FALSE	

		FALSE			FALSE	
1045334	1023214	FALSE			FALSE	
5367584	5373822	FALSE			FALSE	
36236	25402	FALSE			TRUE	In the NPRM for 2015, C
28228	20918	FALSE			TRUE	In the NPRM for 2015, C
219189	147504	FALSE			TRUE	In the NPRM for 2015, C
2416	2186	FALSE			TRUE	In preparation to survey
66590	70806	FALSE			TRUE	In preparation to survey
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The Workgroup recomm
2258787	2161911	FALSE			TRUE	In Oct 2012, the Joint W
139224		FALSE			TRUE	In Oct 2012, the Joint W
		FALSE			TRUE	The Workgroup recomm
	127894	FALSE			FALSE	In Oct 2012, the Joint W
	3688	FALSE			FALSE	In Oct 2012, the Joint W
14483	10932	FALSE			FALSE	
6543	4707	FALSE			FALSE	
272535	275220	FALSE			FALSE	
318288	310477	FALSE			TRUE	ASTRO reviewed the pro
3459	2920	FALSE			TRUE	ASTRO reviewed the pro
330054	297189	FALSE			TRUE	ASTRO reviewed the pro
13161	16853	FALSE			FALSE	
142257	144625	FALSE			TRUE	ASTRO reviewed the pro
1759415	1485402	FALSE			TRUE	On 8-21-12, the Joint W
101569	107940	TRUE	Nov 2009	Yes	FALSE	
4140		FALSE			TRUE	On 8-21-12, the Joint W
	4036	FALSE			FALSE	
	56587	FALSE			FALSE	
1323		FALSE			TRUE	On 8-21-12, the Joint W
66730		FALSE			TRUE	On 8-21-12, the Joint W
	5840	FALSE			FALSE	
	2706	FALSE			FALSE	
	7343	FALSE			TRUE	On 8-21-12, the Joint W
6615		FALSE			TRUE	On 8-21-12, the Joint W
2592		FALSE			TRUE	On 8-21-12, the Joint W
10335		FALSE			TRUE	On 8-21-12, the Joint W
113426	82625	FALSE			FALSE	
11218	11421	FALSE			FALSE	
878025	867565	FALSE			FALSE	
458154	439795	FALSE			FALSE	
122282	128446	FALSE			FALSE	
57	62	FALSE			FALSE	

825	869	FALSE			FALSE	
17955	19949	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
14074		FALSE			TRUE	At the April 2013 RUC m
5869		FALSE			TRUE	At the April 2013 RUC m
4166		FALSE			TRUE	At the April 2013 RUC m
800		FALSE			TRUE	At the April 2013 RUC m
21303		FALSE			TRUE	At the April 2013 RUC m
1859		FALSE			TRUE	At the April 2013 RUC m
1010		FALSE			TRUE	At the April 2013 RUC m
168		FALSE			TRUE	At the April 2013 RUC m
10813		FALSE			TRUE	At the April 2013 RUC m
473840		FALSE			TRUE	At the April 2013 RUC m
345781		FALSE			TRUE	At the April 2013 RUC m
40241		FALSE			TRUE	At the April 2013 RUC m
1295647		TRUE	Nov 2009 a	Yes	TRUE	
1365668		FALSE			TRUE	In Jan 2012, the specialt
		FALSE			FALSE	
		FALSE			FALSE	
1106614	1077793	FALSE			TRUE	In October 2008 the RU
	23717	FALSE			FALSE	
105249	99912	FALSE			FALSE	
	39589	FALSE			FALSE	
3148	2927	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
28	44	FALSE			FALSE	
53	48	FALSE			FALSE	
5328	4932	FALSE			TRUE	The Joint Workgroup rec
		FALSE			TRUE	Deleted from CPT at Feb
		FALSE			TRUE	Deleted from CPT at Feb
		FALSE			TRUE	Deleted from CPT at Feb
20467	21888	FALSE			TRUE	In October 2012, the Jo
30410	29320	FALSE			TRUE	In October 2012, the Jo
5842	6370	FALSE			TRUE	In October 2012, the Jo
6061	4298	FALSE			TRUE	The Joint Workgroup rec
		FALSE			TRUE	Identified with 78007. T
		FALSE			TRUE	Identified with 78007. T
		FALSE			TRUE	Identified with 78007. T

		FALSE			TRUE	Identified with 78007. T
		FALSE			TRUE	Specialty requests refer
		FALSE			TRUE	Identified with 78007. T
		FALSE			TRUE	Identified with 78007. T
3588	3381	FALSE			TRUE	Identified with 78007 ar
3199	3008	FALSE			TRUE	Identified with 78007 ar
29948	27622	FALSE			TRUE	Identified with 78007 ar
16596	16045	TRUE	Dec 2016	yes	FALSE	
8157	9083	TRUE	Dec 2016	yes	FALSE	
5602	6963	TRUE	Dec 2016	yes	FALSE	
		FALSE			TRUE	The specialties will be su
70948	62489	FALSE			FALSE	
79711	83528	FALSE			FALSE	
35303	34502	FALSE			FALSE	
13747	12208	FALSE			FALSE	
2719	2387	FALSE			FALSE	
299067	293063	FALSE			FALSE	
41426	40383	FALSE			FALSE	
2046624	1979900	FALSE			FALSE	
1918	1618	FALSE			FALSE	
12568	11854	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	Referred to the CPT Edit
31878	29198	FALSE			FALSE	
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
	106327	FALSE			FALSE	
1346	1479	FALSE			TRUE	
16947	16477	FALSE			TRUE	The specialties recomme
217882	213059	FALSE			TRUE	
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
		FALSE			TRUE	The specialties recomme
1582	1674	FALSE			FALSE	
4155	3964	FALSE			TRUE	
8853	9169	TRUE	Dec 2016	yes	FALSE	

511586	516002	FALSE			FALSE	
8151	8609	TRUE	Feb 2012	Yes	FALSE	
	166871	FALSE			FALSE	
	138314	FALSE			FALSE	
88836	83305	FALSE			FALSE	
6966	6392	FALSE			FALSE	
		FALSE			TRUE	This service was brought
265900	272357	FALSE			FALSE	
984246	947018	FALSE			FALSE	In January 2012 the spec
70588	67628	FALSE			FALSE	
52144	43259	FALSE			FALSE	
9867	9125	FALSE			FALSE	
6359	6095	FALSE			FALSE	
3083	3496	FALSE			FALSE	
90096	89592	FALSE			FALSE	
1852642	1801769	FALSE			FALSE	
35248	37703	FALSE			FALSE	
29101	30469	FALSE			FALSE	
185108	189912	FALSE			FALSE	
217984	215673	FALSE			FALSE	
93261	87066	FALSE			FALSE	
1027270	1007389	FALSE			FALSE	
16243571	16288176	FALSE			FALSE	
915995	926039	FALSE			FALSE	
152218	151668	FALSE			FALSE	
1449374	1434413	FALSE			TRUE	At the February 2010 RU
1579888	1505967	FALSE			TRUE	At the February 2010 RU
19511	19674	FALSE			TRUE	At the February 2010 RU
		FALSE			TRUE	At the February 2010 RU
15793	15982	FALSE			TRUE	At the February 2010 RU
181069	181420	FALSE			FALSE	
37826	35128	FALSE			FALSE	
7394	8123	FALSE			FALSE	
32798	31676	FALSE			FALSE	
526449	515568	FALSE			FALSE	
183781	178467	FALSE			FALSE	
59382	62953	FALSE			FALSE	
27393	29701	FALSE			FALSE	
	2516400	FALSE			FALSE	
4	1738929	FALSE			TRUE	In Jan 2012, the specialt
		FALSE			FALSE	
	74919	FALSE			FALSE	
265657	269993	FALSE			TRUE	In April 2013, the RUC id
19134	19635	FALSE			TRUE	In April 2013, the RUC id

14866	15428	FALSE			FALSE	
42		FALSE			TRUE	Refer to CPT to delete.
		FALSE			FALSE	In April 2013, the RUC ic
16828	15158	FALSE			FALSE	
330626	341102	FALSE			FALSE	
141227	146605	FALSE			FALSE	
	16254	FALSE			FALSE	
51759	36846	TRUE	Dec 2011 &	Yes	TRUE	In April 2013, the Colleg
	864	FALSE			FALSE	
191950	13117	TRUE	Dec 2011 &	Yes	TRUE	In April 2013, the Colleg
277132	32124	TRUE	Dec 2011 &	Yes	TRUE	In April 2013, the Colleg
	20109	FALSE			FALSE	
	11644	FALSE			FALSE	
	93349	FALSE			FALSE	
	129627	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
335301	352698	FALSE			FALSE	
23706	27147	FALSE			FALSE	
33	14	FALSE			FALSE	
		FALSE			FALSE	
252235	294192	FALSE			TRUE	CPT February 2012 - cre
899931	886613	FALSE			TRUE	CPT February 2012 - cre
542639	558794	FALSE			TRUE	CPT February 2012 - cre
		FALSE			TRUE	January 2012, the RAW
		FALSE			TRUE	January 2012, the RAW
		FALSE			TRUE	January 2012, the RAW
		FALSE			TRUE	January 2012, the RAW
		FALSE			TRUE	January 2012, the RAW
2302067	2231938	FALSE			TRUE	CPT February 2012 - cre
1282965	1292890	FALSE			TRUE	CPT February 2012 - cre
5757063	5456436	FALSE			TRUE	CPT February 2012 - cre
576074	583525	FALSE			TRUE	CPT February 2012 - cre
3952770	4588252	FALSE			TRUE	CPT February 2012 - cre
95208	104415	FALSE			TRUE	CPT February 2012 - cre
13741	15361	FALSE			TRUE	CPT February 2012 - cre
3008	4664	FALSE			TRUE	CPT February 2012 - cre
5589	5169	FALSE			FALSE	
23105	23330	FALSE			TRUE	CPT February 2012 - cre
205648	192835	FALSE			TRUE	CPT February 2012 - cre
1108947	990757	FALSE			TRUE	CPT February 2012 - cre
		FALSE			TRUE	January 2012, the RAW
		FALSE			TRUE	CPT February 2012 - cre
139889	140124	FALSE			FALSE	

1205554	1165203	FALSE			FALSE	
66247	59798	FALSE			FALSE	
149137	147228	FALSE			FALSE	
13945	14111	FALSE			FALSE	
36	56	FALSE			FALSE	
8	16	FALSE			FALSE	
28	3	FALSE			FALSE	
679	653	FALSE			FALSE	
179	144	FALSE			FALSE	
208	181	FALSE			FALSE	
2489	2363	FALSE			FALSE	
809	715	FALSE			FALSE	
646	516	FALSE			FALSE	
2232703	2230129	FALSE			FALSE	
700263	709178	FALSE			FALSE	
199631	203321	FALSE			FALSE	
287	239	FALSE			FALSE	
945	937	FALSE			FALSE	
1798	1610	FALSE			FALSE	
309439	322201	FALSE			FALSE	
3427	3692	FALSE			FALSE	
51728	50162	FALSE			FALSE	
200	191	FALSE			FALSE	
31	118	FALSE			FALSE	
92	72	FALSE			FALSE	
103328	102308	FALSE			FALSE	
154388	151087	FALSE			FALSE	
2784332	2823687	FALSE			FALSE	
39904	36539	FALSE			FALSE	
2320020	2428097	FALSE			FALSE	
5350481	5827886	FALSE			FALSE	
		FALSE			TRUE	Revise to specify optic n
1455708	1517679	FALSE			FALSE	
34762	44516	FALSE			TRUE	The specialty societies n
1285851	1224709	FALSE			TRUE	In January 2015, the Joir
100514	89683	FALSE			TRUE	In January 2015, the Joir
		FALSE			TRUE	In January 2015, the Joir
2863724	2934335	FALSE			FALSE	
20388	4333	TRUE	Aug 2008 a	Yes	TRUE	The specialties indicated
68582	95358	FALSE			TRUE	In January 2016, the spe
332550	349324	FALSE			TRUE	The specialty noted that
136636	127507	FALSE			TRUE	The specialty societies ir
3318	4558	TRUE	Mar 2013	Yes	TRUE	The specialty societies ir
210382	218535	FALSE			FALSE	

		FALSE			TRUE	The specialty society aft
146101	185900	FALSE			FALSE	
2766	2469	FALSE			FALSE	
146	144	FALSE			FALSE	
2358	2451	FALSE			FALSE	
6778	8525	FALSE			FALSE	
10020	11515	FALSE			FALSE	
36957	58462	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
90339	88780	FALSE			FALSE	
22525	15143	FALSE			TRUE	Referred to the CPT Edit
47761	31204	FALSE			TRUE	Referred to the CPT Edit
335971	310532	FALSE			TRUE	The RUC discussed the c
5678	3669	FALSE			TRUE	Referred to the CPT Edit
13028	5786	FALSE			TRUE	Referred to the CPT Edit
88572	49143	FALSE			TRUE	Referred to the CPT Edit
166333	33978	FALSE			TRUE	Referred to the CPT Edit
31934	36631	FALSE			TRUE	Referred to the CPT Edit
271215	264245	FALSE			FALSE	
1126201	1149597	FALSE			TRUE	Referred to the CPT Edit
197	2	FALSE			FALSE	
740842	772249	FALSE			TRUE	Referred to the CPT Edit
12475	8899	FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
55738	50326	FALSE			FALSE	
87834	81636	FALSE			TRUE	The specialty noted that
103946	99720	FALSE			FALSE	
2473	2771	FALSE			FALSE	
		FALSE			TRUE	The specialty society aft
		FALSE			FALSE	
247	442	FALSE			FALSE	
87	120	FALSE			FALSE	
8628	10413	FALSE			FALSE	
9909	12136	FALSE			FALSE	
6330	7090	FALSE			FALSE	
		FALSE			FALSE	
2869	1997	FALSE			FALSE	
55	44	FALSE			FALSE	
7306	6711	FALSE			FALSE	
20151	22294	TRUE	July 2014	Yes	FALSE	
5785	6422	FALSE			FALSE	
11	10	FALSE			FALSE	
25395	25148	FALSE			TRUE	

		FALSE			TRUE	
1329	1635	FALSE			TRUE	
		FALSE			TRUE	
232933	237956	FALSE			TRUE	
2	2	FALSE			TRUE	
8167	10692	FALSE			TRUE	
		FALSE			TRUE	
19978	20766	FALSE			TRUE	
		FALSE			TRUE	
50736	48487	FALSE			TRUE	
6829	7705	FALSE			TRUE	
		FALSE			TRUE	
153261	165029	FALSE			FALSE	
3616	3087	FALSE			FALSE	
		FALSE			TRUE	Specialty society is plan
		FALSE			TRUE	Specialty society is plan
		FALSE			TRUE	Specialty society is plan
		FALSE			TRUE	Specialty society is plan
3779	3589	FALSE			FALSE	
		FALSE			TRUE	Specialty society is plan
		FALSE			TRUE	Specialty society is plan
11440889	11442894	FALSE			FALSE	
463786	434188	FALSE			FALSE	
18820776	18924205	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
1133681	1082643	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the sp
1146267	1130936	FALSE			FALSE	
103875	93622	FALSE			FALSE	
1325204	1309978	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the sp
1265	740	FALSE			FALSE	
133104	119439	FALSE			FALSE	
13749	12449	FALSE			FALSE	
542443	517383	FALSE			FALSE	
407469	382081	FALSE			TRUE	The ACC and the Heart F
129142	126003	FALSE			FALSE	
168189	168704	FALSE			FALSE	
397321	391660	FALSE			TRUE	The ACC and the Heart F
87761	97472	FALSE			FALSE	
146536	171383	FALSE			FALSE	
		FALSE			TRUE	CMS stated that 93230 a
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	CMS stated that 93230 a

		FALSE			FALSE	
		FALSE			TRUE	In February 2008 the W
		FALSE			TRUE	The ACC and the Heart F
19095	18216	FALSE			FALSE	
56725	58095	FALSE			FALSE	
80332	78687	FALSE			FALSE	
105520	109601	FALSE			FALSE	
208018	197867	FALSE			TRUE	In the NPRM for 2016 CI
1088857	1075916	FALSE			TRUE	In the NPRM for 2016 CI
50891	55438	FALSE			TRUE	In the NPRM for 2016 CI
147125	145221	FALSE			TRUE	In the NPRM for 2016 CI
295357	280768	FALSE			TRUE	In the NPRM for 2016 CI
284962	284382	FALSE			TRUE	In the NPRM for 2016 CI
16676	22950	FALSE			TRUE	In the NPRM for 2016 CI
12093	12426	FALSE			TRUE	In the NPRM for 2016 CI
10470	10372	FALSE			TRUE	In the NPRM for 2016 CI
349209	330227	FALSE			TRUE	In the NPRM for 2016 CI
143217	136601	FALSE			TRUE	In the NPRM for 2016 CI
117723	124018	FALSE			TRUE	In the NPRM for 2016 CI
31194	41723	FALSE			TRUE	In the NPRM for 2016 CI
1247	1200	FALSE			TRUE	In the NPRM for 2016 CI
384383	258970	FALSE			TRUE	In the NPRM for 2016 CI
563842	629269	FALSE			FALSE	
441637	442608	FALSE			FALSE	
746123	802291	FALSE			TRUE	In the NPRM for 2016 CI
197770	231279	FALSE			FALSE	
45465	149493	FALSE			FALSE	
	204360	FALSE			TRUE	In the NPRM for 2016 CI
6980503	7025217	FALSE			FALSE	
43774	36680	FALSE			FALSE	
220177	252380	FALSE			FALSE	
346550	339593	FALSE			FALSE	
137106	149332	FALSE			FALSE	
483594	487003	FALSE			FALSE	
120700	113400	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the sp
263078	256755	FALSE			FALSE	
34170	37938	FALSE			FALSE	
5954	5607	FALSE			FALSE	
3917	3559	FALSE			FALSE	
90939	98942	FALSE			FALSE	
24533	25985	FALSE			FALSE	
13229	14721	FALSE			FALSE	
2903	3136	FALSE			FALSE	
523913	516768	FALSE			FALSE	

114981	110802	FALSE			FALSE	
92117	90983	FALSE			FALSE	
17572	16861	FALSE			FALSE	
3943	4212	FALSE			FALSE	
6702	6888	FALSE			FALSE	
756	808	FALSE			FALSE	
		FALSE			TRUE	Referred to the CPT Edit
101417	96546	FALSE			FALSE	
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
		FALSE			TRUE	Referred to the CPT Edit
168	187	FALSE			FALSE	
15	8	FALSE			FALSE	
131	130	FALSE			FALSE	
717	732	FALSE			FALSE	
43633	40490	FALSE			FALSE	
934	1853	FALSE			TRUE	
	54411	FALSE			FALSE	
44041	50654	FALSE			FALSE	
13331	12051	FALSE			TRUE	The Workgroup recomm
43706	35050	FALSE			TRUE	33213 - This code, when
		FALSE			TRUE	The Workgroup recomm
		FALSE			TRUE	The Workgroup recomm
28552	29807	FALSE			TRUE	The Workgroup recomm
5336	5625	FALSE			TRUE	The Workgroup recomm
12451	15089	FALSE			TRUE	The Workgroup recomm
24734	29508	FALSE			TRUE	The Workgroup recomm
13471	12841	FALSE			TRUE	The Workgroup recomm
27134	32773	FALSE			FALSE	

101069	71818	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		TRUE	SS in proce	Yes	TRUE	The Workgroup recomm
2586739	2472528	TRUE	Addressed	Yes	TRUE	The Workgroup recomm
42648	40575	FALSE			FALSE	
80288	87611	FALSE			TRUE	The Workgroup recomm
16711	15238	FALSE			TRUE	The Workgroup recomm
666543	670391	FALSE			TRUE	The Workgroup accepte
520255	480030	FALSE			TRUE	The Workgroup accepte
94889	83609	FALSE			TRUE	The Workgroup accepte
598859	594754	FALSE			FALSE	
232011	238357	FALSE			FALSE	
22078	23164	FALSE			FALSE	
42218	44136	FALSE			TRUE	The Workgroup recomm
127325	104322	FALSE			TRUE	In January 2016, the spe
1658812	1651142	FALSE			FALSE	
1648476	1682190	FALSE			FALSE	
198046	196530	FALSE			FALSE	
130885	141231	FALSE			FALSE	
299926	298025	FALSE			FALSE	
62130	63341	FALSE			FALSE	
	85	FALSE			FALSE	
100147	106261	FALSE			FALSE	
1241828	1251897	FALSE			FALSE	
191	217	FALSE			FALSE	
1384	348	FALSE			FALSE	
11623	9044	FALSE			FALSE	
1199437	1201963	TRUE	Mar 2014	Yes	FALSE	
		FALSE			TRUE	The RUC accepted the sp
		FALSE			TRUE	The RUC accepted the sp
		FALSE			TRUE	The RUC accepted the sp
		FALSE			TRUE	The RUC accepted the sp
		FALSE			TRUE	The RUC accepted the sp
663	1101	TRUE	Mar 2014	Yes	FALSE	
584	986	FALSE			FALSE	
235930	248822	FALSE			TRUE	In January 2016, the spe
16165	16655	FALSE			TRUE	In January 2016, the spe
624019	659475	TRUE	Mar 2014	Yes	FALSE	
18515	16631	TRUE	Mar 2014	Yes	FALSE	
14001	14780	FALSE			FALSE	

		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	The RUC accepted the sp
		FALSE			TRUE	The RUC accepted the sp
578718	608656	FALSE			FALSE	
347709	354372	FALSE			FALSE	
12900	9260	FALSE			FALSE	
979113	1023201	FALSE			FALSE	
64358	58718	FALSE			FALSE	
11650	12148	FALSE			FALSE	
317161	300296	FALSE			FALSE	
5207	5863	TRUE	Mar 2014	Yes	FALSE	
10089675	10060513	FALSE			FALSE	
		FALSE			TRUE	The specialty societies in
		FALSE			TRUE	The specialty societies in
25150	26105	FALSE			TRUE	Deleted codes 95010 an
67811	85667	FALSE			TRUE	Deleted codes 95010 an
1757704	1830851	FALSE			FALSE	
228339	249046	FALSE			FALSE	
1126959	1114212	FALSE			FALSE	
2386244	2472326	FALSE			FALSE	
179371	178149	FALSE			FALSE	
15746	16827	FALSE			FALSE	
6570792	6898953	FALSE			FALSE	
25887	26226	FALSE			TRUE	In May 2014, the CPT Ed
31626	34371	FALSE			TRUE	In October 2016, at the
10005	12882	FALSE			FALSE	
455	854	FALSE			FALSE	
638	623	FALSE			FALSE	
4788	4234	FALSE			FALSE	
25192	35244	FALSE			FALSE	
5629	5518	FALSE			FALSE	
1068	435	FALSE			FALSE	
295206	299509	FALSE			FALSE	
357120	362825	FALSE			FALSE	
24740	26339	FALSE			FALSE	
23039	25325	FALSE			FALSE	
286092	288342	FALSE			FALSE	
255217	242119	FALSE			FALSE	
25984	26642	FALSE			FALSE	
116500	114202	FALSE			FALSE	
5687	4333	FALSE			TRUE	The Workgroup, accepts
37604	41858	FALSE			TRUE	The Workgroup, accepts
506	389	FALSE			TRUE	The Workgroup, accepts

1449	1687	FALSE			TRUE	The Workgroup, accepts
1542	1346	FALSE			TRUE	Identifed by CPT with ne
1951	1924	FALSE			TRUE	Identifed by CPT with ne
926	561	FALSE			TRUE	Identifed by CPT with ne
46155	48394	FALSE			TRUE	Identifed by CPT with ne
136810	136314	FALSE			FALSE	CPT Feb 2011, addition c
915408	918455	FALSE			FALSE	CPT Feb 2011, addition c
11716	13219	FALSE			FALSE	CPT Feb 2011, addition c
		FALSE			TRUE	Identified as part of the
		FALSE			TRUE	Identified as part of the
		FALSE			TRUE	The Workgroup, accepts
12282	10518	FALSE			TRUE	Deleted 6 electromyogra
75388	70283	FALSE			TRUE	Deleted 6 electromyogra
147468	141049	FALSE			TRUE	Deleted 6 electromyogra
164716	161648	FALSE			TRUE	Deleted 6 electromyogra
178283	170166	FALSE			TRUE	Deleted 6 electromyogra
95525	86856	FALSE			TRUE	Deleted 6 electromyogra
105143	97010	FALSE			TRUE	Deleted 6 electromyogra
49519	41668	FALSE			TRUE	For code pair 95921/959
6148	5188	TRUE	Dec 2008	Yes	TRUE	For code pair 95921/959
102524	119804	FALSE			FALSE	
16989	15219	FALSE			TRUE	CPT Feb 2012 establishe
11005	11046	FALSE			TRUE	The Workgroup recomm
15443	12993	FALSE			TRUE	The Workgroup recomm
425	385	FALSE			TRUE	The Workgroup recomm
1199	1456	FALSE			TRUE	The Workgroup recomm
78177	87558	FALSE			TRUE	In January 2016, the RU
		FALSE			TRUE	Identified as part of the
		FALSE			TRUE	Identified as part of the
61661	68410	FALSE			TRUE	
24756	28491	FALSE			TRUE	
21623	14330	FALSE			TRUE	Deleted 6 electromyogra
		FALSE			TRUE	Deleted 6 electromyogra
33829	38336	FALSE			TRUE	CPT Feb 2012 establishe
1043	872	FALSE			FALSE	
	127858	FALSE			FALSE	
22037	22187	FALSE			FALSE	
1563	1224	FALSE			FALSE	
5868	5668	TRUE	Dec 2009	Yes	FALSE	
56993	58093	FALSE			FALSE	
29686	30542	TRUE	Jul 2016	Yes	TRUE	In January 2016, the spe
13125	15918	FALSE			TRUE	In January 2014, the RU
58353	50801	FALSE			TRUE	In January 2014, the RU
1537	1307	FALSE			TRUE	In January 2014, the RU

17404	15283	TRUE	Jul 2016	Yes	TRUE	In January 2016, the spe
345	283	TRUE	Jul 2016	Yes	TRUE	In January 2016, the spe
32302	34432	TRUE	Jul 2016	Yes	TRUE	In January 2016, the spe
5918	5871	TRUE	Jul 2016	Yes	TRUE	In January 2016, the spe
352	395	FALSE			TRUE	CPT codes 95971-95973
565	600	FALSE			TRUE	CPT codes 95971-95973
955	1036	FALSE			TRUE	CPT codes 95971-95973
5009	2924	FALSE			TRUE	Identified through the C
14104	14238	FALSE			TRUE	
238365	222013	FALSE			TRUE	In January 2016, the spe
48579	42505	FALSE			TRUE	In January 2016, the spe
103396	113328	FALSE			TRUE	In January 2016, the spe
342	406	FALSE			TRUE	In January 2016, the spe
		FALSE			TRUE	In January 2016, the spe
1003	1070	FALSE			TRUE	In January 2016, the spe
139729	145203	FALSE			TRUE	In January 2016, the spe
595801	632034	FALSE			TRUE	In January 2016, the spe
152340	165817	FALSE			TRUE	In January 2016, the spe
25440	26799	FALSE			TRUE	In January 2016, the spe
	2168	FALSE			TRUE	In January 2016, the spe
	3614	FALSE			TRUE	In January 2016, the spe
246651	233462	FALSE			TRUE	These services were ide
579536	534727	FALSE			TRUE	These services were ide
1261768	1257029	FALSE			FALSE	
613975	599152	FALSE			FALSE	
1799767	1721686	FALSE			FALSE	
152692	145066	FALSE			FALSE	
9070825	9162353	FALSE			TRUE	These services were ide
338264	286473	FALSE			TRUE	These services were ide
1579005	1467262	FALSE			TRUE	These services were ide
		FALSE			FALSE	Other family of services
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
708298	766535	FALSE			TRUE	These services were ide
392054	384120	FALSE			TRUE	These services were ide
2256	2824	FALSE			FALSE	
207	253	FALSE			FALSE	
153218	143179	FALSE			TRUE	These services were ide
214989	201063	FALSE			TRUE	These services were ide

1893126	1820054	FALSE			FALSE	
1030390	957455	FALSE			FALSE	
115989	116894	FALSE			FALSE	
491560	467461	FALSE			FALSE	
51	41	FALSE			FALSE	
127207	134450	FALSE			TRUE	CPT code 96567 Photod
390737	391331	FALSE			FALSE	
88138	106782	TRUE	Sep 2016	Yes	FALSE	
26100	30372	TRUE	Sep 2016	Yes	FALSE	
16346	16883	TRUE	Sep 2016	Yes	FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
2320716	2503430	FALSE			TRUE	In Jan 2012, the specialt
494985	533642	FALSE			FALSE	
176792	190584	FALSE			FALSE	
30962	30994	FALSE			FALSE	
		FALSE			FALSE	In February 2010, Physic
	565044	FALSE			FALSE	In February 2010, Physic
		FALSE			FALSE	In February 2010, Physic
440463	480543	FALSE			FALSE	In February 2010, Physic
122781	133725	FALSE			FALSE	In February 2010, Physic
	176554	FALSE			FALSE	In February 2010, Physic
1221310	1149079	FALSE			FALSE	In February 2010, Physic
	109729	FALSE			FALSE	In February 2010, Physic
	7932	FALSE			FALSE	In February 2010, Physic
2942131	2790964	FALSE			FALSE	In February 2010, Physic
45318722	49007989	FALSE			FALSE	In April 2016, the Relativ
8498300	9838766	FALSE			FALSE	In April 2016, the Relativ
1542161	1641331	FALSE			FALSE	In April 2016, the Relativ
1734809	1879655	FALSE			FALSE	In April 2016, the Relativ
21170807	23114335	FALSE			FALSE	In April 2016, the Relativ
857690	914212	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
8349850	9559035	FALSE			FALSE	In April 2016, the Relativ
274247	308359	FALSE			TRUE	In April 2016 the Relativ
	9270	FALSE			FALSE	In April 2016 the Relativi
1005608	1144163	TRUE	Article no l	Yes	FALSE	In April 2016 the Relativi

	4398	FALSE			FALSE	In April 2016 the Relativi
30322	32538	FALSE			FALSE	In April 2016, the Relativ
1085786	1037269	FALSE			FALSE	
122045	147347	FALSE			FALSE	
	1	FALSE			FALSE	
47317	46027	FALSE			FALSE	
13795	14142	FALSE			FALSE	
	1219	FALSE			FALSE	
	421	FALSE			FALSE	
	1580	FALSE			FALSE	
2215	2431	FALSE			TRUE	In April 2016 the RAW re
	57165	FALSE			TRUE	In April 2016 the RAW re
	6154	FALSE			TRUE	In April 2016 the RAW re
	14278	FALSE			TRUE	In April 2016 the RAW re
		FALSE			FALSE	
215892	218581	FALSE			FALSE	
177455	187689	FALSE			FALSE	
		FALSE			FALSE	
79610	76509	FALSE			FALSE	
107977	110823	FALSE			FALSE	
96657	95246	FALSE			FALSE	
91827	94313	FALSE			FALSE	
63283	63020	FALSE			FALSE	
6418597	6229362	FALSE			FALSE	
13063123	13261425	FALSE			FALSE	
1311097	1199168	FALSE			FALSE	
1	1	FALSE			FALSE	
21	17	FALSE			FALSE	
532624	528060	FALSE			FALSE	
5	9	FALSE			FALSE	
5793	5080	FALSE			FALSE	
1929	1042	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			TRUE	CMS requested a review
		FALSE			TRUE	
602570	579575	FALSE			FALSE	
		FALSE			FALSE	
	1	FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	
		FALSE			FALSE	

		FALSE			FALSE	
		TRUE	Dec 2014	Yes	FALSE	
		TRUE	Dec 2014	Yes	FALSE	
1048364	1020256	FALSE			FALSE	
	44055	FALSE			FALSE	
1816	2417	FALSE			FALSE	
229212	231556	FALSE			FALSE	
	133902	FALSE			FALSE	
	102580	FALSE			FALSE	
246790	249253	FALSE			FALSE	
837354	832187	FALSE			FALSE	
	147935	FALSE			FALSE	
1130623	1076434	FALSE			FALSE	The Workgroup asked CI
1330953	1301985	FALSE			FALSE	The Workgroup asked CI
421884	422467	FALSE			FALSE	The Workgroup asked CI
	32128	FALSE			FALSE	
5602866	5730627	FALSE			TRUE	In the NPRM for 2015, C
634314	626561	FALSE			TRUE	In the NPRM for 2015, C
797353	776397	FALSE			TRUE	In the NPRM for 2015, C
107308	98495	FALSE			FALSE	
174256	140633	FALSE			FALSE	
39378	37327	FALSE			TRUE	In October 2015, AMA S
1150958	1243471	FALSE			TRUE	In October 2015, AMA S
276747	276809	FALSE			TRUE	In October 2015, AMA S
141631	141527	FALSE			FALSE	
32431	48177	FALSE			FALSE	
6759031	7032754	FALSE			FALSE	In April 2016, the Relati
84830	95243	TRUE	Article Needed		TRUE	When Medicare began p
	398037	FALSE			FALSE	
	114725	FALSE			FALSE	
61654	114727	FALSE			FALSE	
	188560	FALSE			FALSE	
1162210	1205553	FALSE			FALSE	The Workgroup asked CI
3528096	4438288	FALSE			FALSE	The Workgroup asked CI
	216933	FALSE			FALSE	
	535925	FALSE			FALSE	
	168211	FALSE			FALSE	
	366858	FALSE			FALSE	
848		FALSE			TRUE	In January 2013, the RAV
78		FALSE			TRUE	In January 2013, the RAV

CPT Meeting	CPT Tab	CPT Ed Panel Status Complete?	Overall Complete	Result
			FALSE	
September 2016	12	yes	FALSE	Deleted from CPT
September 2016	12	yes	FALSE	
September 2016	12	yes	FALSE	
September 2016	12	yes	FALSE	Deleted from CPT
September 2016	12	yes	FALSE	
September 2016	12	yes	FALSE	
September 2016	12	yes	FALSE	
			TRUE	Remove from Screen
			FALSE	
February 2017			FALSE	
February 2017			FALSE	
October 2012	06	Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
October 2009	15	Code Delete	TRUE	Deleted from CPT
October 2009	15	Code Delete	TRUE	Deleted from CPT
October 2009	15	Complete	TRUE	Increase
October 2009	15	Complete	TRUE	Decrease
October 2009	15	Complete	TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Increase
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
February 2017			FALSE	
February 2017			FALSE	
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase

			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
October 2015	09	Code Delete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Remove from Screen
			TRUE	Maintain

			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
October 2012	05	Deleted fron	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
February 2009	09	Code Delete	TRUE	Deleted from CPT
February 2009	09		TRUE	Decrease
February 2009	09		TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
October 2010	07	Complete	TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	PE Only
			TRUE	Maintain
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease

February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
October 2010	07	Complete	TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
October 2010	07	Complete	TRUE	Deleted from CPT
February 2011			TRUE	Deleted from CPT
February 2011			TRUE	Deleted from CPT
February 2011			TRUE	Deleted from CPT
October 2010	07	Complete	TRUE	Deleted from CPT
February 2011			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
October 2010	07	Complete	TRUE	Deleted from CPT
February 2011			TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
September 2016	15	yes	FALSE	
September 2016	15	yes	FALSE	Deleted from CPT
September 2016	15	yes	TRUE	Increase
September 2016	15	yes	TRUE	Maintain
September 2016	15	yes	TRUE	Maintain
February 2009 & Februa	11 & 07	Complete	TRUE	Maintain
February 2011			TRUE	Decrease
			FALSE	
			FALSE	
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Remove from Screen
			TRUE	Remove from screen
September 2016	17	yes	FALSE	
			TRUE	Maintain
			TRUE	Maintain

			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Deleted from CPT
October 2012	08	Complete	TRUE	Deleted from CPT
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Decrease
October 2012	08	Complete	TRUE	Deleted from CPT
October 2012	08	Complete	TRUE	Deleted from CPT
October 2012	08	Complete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	PE Only
			TRUE	Decrease
October 2009	20	Complete	TRUE	Decrease
June 2009	15	Code Delete	TRUE	Deleted from CPT
June 2009	15	CPT Editoria	TRUE	Maintain
			TRUE	Increase
October 2015		revised	TRUE	Decrease
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Maintain
October 2013	06	Complete	TRUE	Maintain
October 2013	06		TRUE	Decrease

October 2013	06	Complete	TRUE	Maintain
October 2013	06		TRUE	Decrease
October 2013	06	Complete	TRUE	Maintain
October 2013	06		TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
October 2009	54	Complete	TRUE	Remove from Screen
June 2008	06	New code st	TRUE	Increase
			TRUE	Decrease
			TRUE	Deleted from CPT
June 2008	06	New code st	TRUE	Decrease
February 2014	15	Complete	TRUE	Deleted from CPT
October 2014	7	Complete	TRUE	Deleted from CPT
October 2013	07	Complete	TRUE	Deleted from CPT
October 2013	07	Complete	TRUE	Decrease
October 2013	07	Complete	TRUE	Decrease
October 2013	07	Complete	TRUE	Decrease
October 2013	07	Complete	TRUE	PE Only
October 2013	07	Complete	TRUE	Remove from screen
June 2008	06	New code st	TRUE	Decrease
			TRUE	Maintain
May 2016	13	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Decrease
February 2014	16	Complete	TRUE	Decrease
February 2014	16	Complete	TRUE	Decrease
February 2014	16	Complete	TRUE	Decrease
February 2014	16	Complete	TRUE	Decrease
February 2014	16	Complete	TRUE	Decrease
February 2014	16	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Deleted from CPT
			TRUE	Remove from Screen
October 2009	21		TRUE	Decrease
October 2009	21		TRUE	Maintain
October 2009	21	Complete	TRUE	Maintain
September 2016	20		FALSE	
October 2009	21		TRUE	Maintain
October 2010	16	Complete	TRUE	Maintain

			TRUE	Decrease
October 2010	16	Complete	TRUE	Maintain
			TRUE	Decrease
October 2010	16	Complete	TRUE	Decrease
October 2010	16	Complete	TRUE	Decrease
			TRUE	Remove from Screen
June 2010	10	Complete In	TRUE	Maintain
October 2015	14	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
June 2008	06	New code st	TRUE	Increase
June 2008	06	New code st	TRUE	Decrease
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Remove from Screen
			TRUE	PE Only
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain

			TRUE	PE Only
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Increase
			TRUE	Increase
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
June 2008	06	New code st	TRUE	Increase
			TRUE	Maintain
February 2011	76	Code Revise	TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
October 2015		Code Delete	TRUE	Deleted from CPT
		Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
CPT 2019			FALSE	
			TRUE	Increase
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
June 2008	06	New code st	TRUE	Increase
June 2008	06	New code st	TRUE	Decrease
June 2008	07	Complete	TRUE	Maintain
June 2008	07	Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	PE Only

			TRUE	PE Only
			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Increase
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Increase
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Deleted from CPT
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Deleted from CPT
October 2015	19	Complete	TRUE	Deleted from CPT
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Decrease
October 2015	19	Complete	TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Increase
			TRUE	Maintain
			TRUE	Decrease
October 2008	10	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain

			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
September 2016	22	yes	TRUE	Deleted from CPT
September 2016	22	yes	TRUE	Deleted from CPT
			FALSE	
February 2012	08	Code Delete	TRUE	Deleted from CPT
			TRUE	PE Only
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Decrease
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
			FALSE	
October 2015	13	Complete	TRUE	Decrease

October 2015	13	Complete	TRUE	Decrease
October 2015	13	Complete	TRUE	Decrease
October 2015	13	Complete	TRUE	Decrease
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
October 2015	13	Complete	TRUE	Decrease
October 2015	13	Deleted fron	TRUE	Deleted from CPT
October 2015	13	Complete	TRUE	Decrease
October 2015	13	Complete	TRUE	Decrease
October 2015	13	Deleted fron	TRUE	Deleted from CPT
October 2015	13	Complete	TRUE	Decrease
October 2015	13	Complete	TRUE	Decrease
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	PE Only
October 2014	10	Complete	TRUE	Deleted from CPT
October 2014	10	Complete	TRUE	Maintain
			FALSE	
October 2014	10	Complete	TRUE	Maintain
October 2014	10	Complete	TRUE	Maintain
October 2014	10	Complete	TRUE	Maintain
October 2014	10	Complete	TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
May 2016	14	Complete	TRUE	Decrease
May 2016	14	Complete	TRUE	Increase
October 2014	10	Complete	TRUE	Decrease
October 2014	10	Complete	TRUE	Decrease
October 2014	10	Complete	TRUE	Decrease
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
September 2016	24	yes	FALSE	
October 2012	06	Complete	TRUE	Deleted from CPT
February 2012	10	Complete	TRUE	Deleted from CPT
February 2012	10	Complete	TRUE	Deleted from CPT
February 2012	10	Complete	TRUE	Deleted from CPT
			TRUE	Remove from screen
			TRUE	Remove from Screen

			TRUE	Remove from Screen
			TRUE	Remove from Screen
February 2012	09	Complete	TRUE	Increase
February 2012	10	Complete	TRUE	Decrease
February 2012	10	Complete	TRUE	Decrease
February 2012	10	Complete	TRUE	Decrease
February 2012	10	Complete	TRUE	Decrease
			TRUE	Remove from Screen
February 2011	13	Complete	TRUE	Maintain
February 2011	13	Complete	TRUE	Maintain
February 2011	13	Complete	TRUE	Decrease
February 2011	13	Complete	TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13	Complete	TRUE	Maintain
February 2011	13	Complete	TRUE	Decrease
February 2011	13	Complete	TRUE	Maintain
February 2011	13	Complete	TRUE	Maintain
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
February 2011	13		TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Remove from Screen
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain

February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Deleted from CPT
February 2014	23	Complete	TRUE	Deleted from CPT
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
February 2014	23	Complete	TRUE	Maintain
			FALSE	Deleted from CPT
September 2016		yes	FALSE	Deleted from CPT
			FALSE	Deleted from CPT
			FALSE	Deleted from CPT
			FALSE	Deleted from CPT
			FALSE	Deleted from CPT
September 2016	27	yes	FALSE	
			FALSE	
September 2016	27	yes	FALSE	Deleted from CPT
			FALSE	Deleted from CPT
			FALSE	
			FALSE	
			FALSE	Deleted from CPT
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	
			FALSE	

			FALSE	
			FALSE	
			TRUE	Increase
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
February 2010	07		TRUE	Deleted from CPT
February 2010	07		TRUE	Deleted from CPT
			TRUE	Deleted from CPT
February 2010	07		TRUE	Deleted from CPT
			TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
October 2015		Deleted fron	TRUE	Deleted from CPT
Removed from CPT referral		Complete	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
October 2015		Deleted fron	TRUE	Deleted from CPT
October 2015		Deleted fron	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
February 2010	07	Deleted- Nev	TRUE	Deleted from CPT
ıdicated they could not determine s		Complete	TRUE	Maintain
February 2011	15		TRUE	Remove from screen
			TRUE	Remove from Screen
February 2009	31	Code Delete	TRUE	Deleted from CPT
October 2008	27	Complete	TRUE	Deleted from CPT
October 2008	27	Complete	TRUE	Deleted from CPT
ıends the specialties submit a code		Complete	TRUE	Decrease
ıends the specialties submit a code		Complete	TRUE	Maintain
specialty societies indicated that CP		Complete	TRUE	Maintain
			TRUE	Maintain
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2012	12	Complete	TRUE	Decrease
February 2010 and Febr	07 & 06	New code st	TRUE	Decrease
			TRUE	Maintain
			TRUE	Increase

February 2010	07	New code st	TRUE	Remove from Screen
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	PE Only
September 2016	30	yes	FALSE	
September 2016	30	yes	FALSE	
September 2016	30	yes	FALSE	
September 2016	30	yes	FALSE	
September 2016	30	yes	FALSE	Deleted from CPT
September 2016	30	yes	FALSE	
September 2016	30	yes	FALSE	
			TRUE	Decrease
			TRUE	Decrease
CPT 2019			FALSE	
CPT 2019			FALSE	
CPT 2019			FALSE	
			TRUE	Decrease
			TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
February 2014	23	Complete	TRUE	Deleted from CPT
			TRUE	Increase
			TRUE	Decrease
February 2009	18	Code Delete	TRUE	Deleted from CPT
October 2015	27	Complete	TRUE	Deleted from CPT
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
October 2015	27	Complete	TRUE	Decrease
			TRUE	PE Only
February 2011	15		TRUE	Decrease

February 2011	15		TRUE	Decrease
February 2011	15		TRUE	Decrease
October 2011	18	Complete	TRUE	Deleted from CPT
June 2011		Complete	TRUE	Deleted from CPT
February 2013	09	Complete	TRUE	Deleted from CPT
February 2013	10	Complete	TRUE	Deleted from CPT
February 2013	10	Complete	TRUE	Deleted from CPT
February 2013	10	Complete	TRUE	Deleted from CPT
February 2013	10	Complete	TRUE	Deleted from CPT
October 2011	18	Complete	TRUE	Deleted from CPT
February 2013	09	Complete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2010	07		TRUE	Decrease
February 2013	10	Complete	TRUE	Decrease
February 2013	10	Complete	TRUE	Decrease
February 2013	10	Complete	TRUE	Decrease
February 2013	10	Complete	TRUE	Decrease
February 2013	09		TRUE	Decrease
February 2013	09		TRUE	Decrease
February 2013	09		TRUE	Decrease
February 2013	09		TRUE	Decrease
October 2015	24	Complete	TRUE	Decrease
October 2015	24	Complete	TRUE	Decrease
October 2015	24	Complete	TRUE	Decrease
October 2015	24	Complete	TRUE	Decrease
October 2014	13	Complete	TRUE	Deleted from CPT

October 2014	13	Complete	TRUE	Deleted from CPT
October 2014	13	Complete	TRUE	Decrease
October 2014	13	Complete	TRUE	Decrease
			TRUE	PE Only
February 2011	15		TRUE	Increase
February 2011	15	Code Delete	TRUE	Deleted from CPT
February 2009	19	Complete	TRUE	Maintain
			TRUE	Increase
			FALSE	
			FALSE	
			TRUE	PE Only
February 2016	16	Complete	TRUE	Decrease
February 2016	16	Complete	TRUE	Decrease
February 2016	16	Complete	TRUE	Decrease
			TRUE	Increase
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
October 2014	14	Complete	TRUE	Deleted from CPT
October 2014	14	Complete	TRUE	Decrease
October 2014	14	Complete	TRUE	Increase
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
May 2012			TRUE	Maintain
May 2012			TRUE	Decrease
May 2012			TRUE	Maintain
May 2012			TRUE	Decrease
May 2012			TRUE	Decrease

			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
May 2012			TRUE	Maintain
May 2012			TRUE	Maintain
May 2012			TRUE	Maintain
May 2012			TRUE	Deleted from CPT
May 2012			TRUE	Maintain
May 2012			TRUE	Maintain
May 2012			TRUE	Decrease
May 2012			TRUE	Deleted from CPT
			TRUE	Decrease
May 2012			TRUE	Maintain
May 2012			TRUE	Decrease
October 2012	14	Complete	TRUE	Decrease
February 2012	11	Complete	TRUE	Deleted from CPT
October 2012	14	Complete	TRUE	Decrease
October 2012	14	Complete	TRUE	Decrease
February 2013	12	Complete	TRUE	Decrease
February 2013	12	Complete	TRUE	Decrease
entified by CMS through the MPC List screen we			TRUE	Decrease
February 2013	12	Complete	TRUE	Increase
October 2012			TRUE	Maintain
February 2013	12	Complete	TRUE	Decrease
October 2012			TRUE	Decrease
October 2012			TRUE	Decrease
October 2012			TRUE	Maintain
October 2012			TRUE	Maintain
October 2012			TRUE	Decrease
October 2012			TRUE	Decrease
October 2012			TRUE	Decrease
October 2012			TRUE	Decrease
October 2012			TRUE	Decrease
February 2013	12	Complete	TRUE	Decrease
October 2012	14	Complete	TRUE	Decrease
October 2012			TRUE	Decrease
October 2012			TRUE	Deleted from CPT
October 2012			TRUE	Decrease
October 2012	14	Complete	TRUE	Deleted from CPT
February 2013	12	Complete	TRUE	Decrease
February 2013	13	Complete	TRUE	Maintain
January 2013	13		TRUE	Decrease

January 2013	13		TRUE	Decrease
February 2013	13		TRUE	Maintain
February 2013	13		TRUE	Decrease
February 2013	13		TRUE	Decrease
October 2012	14	Complete	TRUE	Decrease
February 2013	13		TRUE	Deleted from CPT
February 2013	13		TRUE	Deleted from CPT
February 2013	13		TRUE	Deleted from CPT
October 2012	14	Complete	TRUE	Decrease
February 2013	13		TRUE	Deleted from CPT
February 2013	13		TRUE	Deleted from CPT
February 2013	13		TRUE	Maintain
February 2013	13		TRUE	Decrease
February 2013	13		TRUE	Decrease
February 2013	13		TRUE	Decrease
February 2013	13		TRUE	Decrease
February 2013	13		TRUE	Decrease
			TRUE	Decrease
May 2012			TRUE	Maintain
October 2012	14	Complete	TRUE	Deleted from CPT
October 2012	14	Complete	TRUE	Deleted from CPT
			TRUE	Remove from screen
			TRUE	Remove from Screen
			TRUE	Remove from Screen
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Maintain
May 2013		Complete	TRUE	Deleted from CPT
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Maintain
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Maintain
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Deleted from CPT
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Deleted from CPT
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease

October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease
October 2013	17	Complete	TRUE	Decrease
October 2012	06	Complete	TRUE	Deleted from CPT
			TRUE	Remove from Screen
October 2008	18	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Deleted from CPT
May 2013		Complete	TRUE	Decrease
October 2013	16	Complete	TRUE	Increase
October 2013	16	Complete	TRUE	Decrease
May 2013		Complete	TRUE	Deleted from CPT
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
October 2013	16	Complete	TRUE	Decrease
October 2013	16	Complete	TRUE	Decrease
February 2014	32	Complete	TRUE	Deleted from CPT
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Deleted from CPT
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Deleted from CPT
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
October 2013	18	Complete	TRUE	Decrease
			TRUE	PE Only

			TRUE	Maintain
October 2012	06	Complete	TRUE	Deleted from CPT
			TRUE	Increase
October 2014	16	Complete	TRUE	Deleted from CPT
			TRUE	PE Only
June 2009	17	CPT Editoria	TRUE	Decrease
February 2015	16	Complete	TRUE	Deleted from CPT
February 2015	16	Complete	TRUE	Deleted from CPT
February 2015	16	Complete	TRUE	Deleted from CPT
February 2015	16	Complete	TRUE	Deleted from CPT
February 2015	16		TRUE	Deleted from CPT
February 2015	16		TRUE	Deleted from CPT
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16		TRUE	Increase
February 2015	16	Complete	TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
			TRUE	PE Only
October 2012	06	Complete	TRUE	Deleted from CPT
October 2012	06	Complete	TRUE	Deleted from CPT
October 2012	06	Complete	TRUE	Deleted from CPT
October 2012	06	Complete	TRUE	Deleted from CPT
June 2010	09	Complete	TRUE	Deleted from CPT
June 2010	09		TRUE	Deleted from CPT
June 2010	09		TRUE	Decrease
June 2010	09		TRUE	Decrease
June 2010	09		TRUE	Increase
October 2012	06	Complete	TRUE	Decrease
October 2012	06	Complete	TRUE	Decrease
October 2012	06	Complete	TRUE	Decrease

February 2010	30		TRUE	Decrease
February 2010	30	Deleted	TRUE	Deleted from CPT
February 2010	30	Revised	TRUE	Decrease
			FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
October 2012	06	Complete	TRUE	Deleted from CPT
			TRUE	PE Only
			TRUE	Maintain
October 2014	18	Complete	TRUE	Maintain
October 2014	18	Complete	TRUE	Deleted from CPT
October 2014	18	Complete	TRUE	Deleted from CPT
October 2014	18	Complete	TRUE	Deleted from CPT
October 2014	18	Complete	FALSE	
October 2014	18	Complete	TRUE	Deleted from CPT
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Maintain
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
October 2014	18	Complete	TRUE	Increase
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
February 2009	24	Complete	TRUE	Maintain

			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
February 2009	24	Code Delete	TRUE	Deleted from CPT
February 2014	34	Complete	TRUE	Decrease
February 2014	34	Complete	TRUE	Maintain
February 2009	24	Code Delete	TRUE	Deleted from CPT
February 2009	24	Code Revise	TRUE	Maintain
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
February 2013	15	Complete	TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
February 2013	15	Complete	TRUE	Decrease
			TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Remove from Screen
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain

			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
orted that it will submit coding cha		Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	PE Only
			TRUE	Decrease
October 2009	33	Complete	TRUE	Decrease
October 2009	33		TRUE	Decrease
September 2016	35	yes	FALSE	
September 2016	35	yes	FALSE	
September 2016	35	yes	FALSE	
September 2016	35	yes	FALSE	
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
October 2012	06	Complete	TRUE	Deleted from CPT
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Decrease
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain

			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Remove from Screen
October 2013	21	Complete	TRUE	Remove from screen
October 2009	34		TRUE	Decrease
October 2009	34		TRUE	Decrease
October 2009	34		TRUE	Decrease
February 2008			TRUE	Deleted from CPT
October 2009	34	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
October 2009	35	Complete	TRUE	Decrease
			TRUE	Maintain
			TRUE	PE Only
October 2013	21	Complete	TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
October 2013	21	Complete	TRUE	Decrease
October 2013	21	Complete	TRUE	Decrease
October 2013	21	Complete	TRUE	Decrease
October 2013	21	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Deleted from CPT
May 2015	15	Complete	TRUE	Deleted from CPT
May 2015	15	Complete	TRUE	Deleted from CPT
May 2015	15	Complete	TRUE	Deleted from CPT
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
May 2015	15	Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
October 2010	49	Complete	TRUE	Maintain
October 2010	49	Complete	TRUE	Decrease

October 2010	49	Complete	TRUE	Decrease
October 2010	49	Complete	TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
February 2010		Complete	TRUE	Maintain
October 2009	21	Complete	TRUE	Maintain
October 2009	21		TRUE	Maintain
September 2016	20		FALSE	
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
October 2008	19	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
October 2014	21	Complete	TRUE	Deleted from CPT
			FALSE	
February 2008	31	Complete	TRUE	Decrease
			TRUE	Decrease
			FALSE	
February 2008	31	Complete	TRUE	Decrease
			FALSE	
February 2008	31	Complete	TRUE	Decrease
February 2008	31	Complete	TRUE	Decrease
			TRUE	Decrease
			FALSE	
February 2009	28	Code Delete	TRUE	Deleted from CPT
February 2009	28	Code Delete	TRUE	Deleted from CPT
February 2009	28	Code Delete	TRUE	Deleted from CPT
February 2009	28	Code Delete	TRUE	Deleted from CPT
June 2009	19	CPT Editoria	TRUE	Increase
June 2009	19	CPT Editoria	TRUE	Decrease
June 2009	19	CPT Editoria	TRUE	Decrease
June 2009	19	CPT Editoria	TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease

			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
September 2016	36	yes	FALSE	
September 2016	36	yes	FALSE	
September 2016	36	yes	FALSE	
September 2016	36	yes	TRUE	Decrease
September 2016	36	yes	FALSE	Deleted from CPT
			TRUE	Maintain
October 2009	35		TRUE	Decrease
October 2009	35	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Remove from Screen
June 2008 and Feb 201	EC & 7	Code Delete	TRUE	Deleted from CPT
June 2008 and Feb 201	EC & 7	Code Delete	TRUE	Deleted from CPT
June 2008 and Feb 201	EC & 7	Code Delete	TRUE	Deleted from CPT
June 2008 and Feb 201	EC & 7	Code Delete	TRUE	Deleted from CPT
May 2015	20	complete	FALSE	
May 2015	20	complete	FALSE	
May 2015	20	complete	FALSE	
May 2015	20	complete	FALSE	
			TRUE	Decrease
			TRUE	Maintain
February 2010	32	Editorial Cha	TRUE	Remove from Screen
			TRUE	Decrease
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
October 2011	19	Complete	TRUE	Decrease
October 2011	19	Complete	TRUE	Deleted from CPT
February 2015	28	Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
October 2013	24	Complete	TRUE	Decrease
October 2013	24	Complete	TRUE	Decrease
			TRUE	Maintain
October 2013	24	Complete	TRUE	Decrease
October 2013	24	Complete	TRUE	Increase
February 2010	33	Revised	TRUE	Decrease
			TRUE	Maintain

			TRUE	Decrease
			TRUE	Decrease
			FALSE	
			TRUE	Decrease
February 2007			TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
May 2015	21	Complete	TRUE	Decrease
May 2015	21	Complete	TRUE	Decrease
October 2014	23		TRUE	Decrease
October 2014	23		TRUE	Decrease
October 2014	23		TRUE	Maintain
October 2014	23	Complete	TRUE	Deleted from CPT
October 2014	23	Complete	TRUE	Decrease
to CPT with request for global perio		Complete	TRUE	Decrease
to CPT with request for global perio		Complete	TRUE	Decrease
			TRUE	Maintain
			TRUE	Remove from Screen
October 2013	24	Complete	TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
February 2013	18	Complete	TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
October 2012	19	Complete	TRUE	Decrease
February 2014	41	Complete	TRUE	Deleted from CPT
February 2014	41	Complete	TRUE	Deleted from CPT
February 2014	41	Complete	TRUE	Deleted from CPT

			TRUE	Maintain
Feb 2010	34	Revised	TRUE	Decrease
Feburary 2011	25	Code Delete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			FALSE	
			FALSE	
			FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Deleted from CPT
February 2011	13	Complete	TRUE	Deleted from CPT
February 2016	20	Complete	TRUE	Decrease
February 2016	20	Complete	TRUE	Decrease
February 2016	20	Complete	TRUE	Decrease

February 2016	20	Complete	TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			FALSE	
October 2011	17	Complete	TRUE	Maintain
October 2011	17	Complete	TRUE	Maintain
October 2011	17	Complete	TRUE	Maintain
			TRUE	Maintain
			FALSE	
			FALSE	
			FALSE	
October 2010	18	Complete	TRUE	Maintain
October 2010	18	Complete	TRUE	Maintain
October 2010	18	Complete	TRUE	Decrease
October 2010	18	Complete	TRUE	Maintain
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
October 2014	27	Complete	TRUE	Maintain
October 2010	19	Complete	TRUE	Maintain
October 2009	37	Complete	TRUE	Maintain
October 2009	37	Complete	TRUE	Maintain
October 2009	37	Complete	TRUE	Maintain

			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			FALSE	
			FALSE	
			FALSE	
October 2013	21	Complete	TRUE	Maintain
October 2013	21	Complete	TRUE	Maintain
October 2013	21	Complete	TRUE	Maintain
October 2013	21	Complete	TRUE	Maintain
			TRUE	Maintain
February 2014	16	Complete	TRUE	Deleted from CPT
February 2014	16	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Decrease
			FALSE	
			TRUE	Maintain
			FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Maintain
October 2014	27	Complete	TRUE	Deleted from CPT
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Deleted from CPT
October 2014	27	Complete	TRUE	Deleted from CPT
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Deleted from CPT
February 2011	76	Code Delete	TRUE	Deleted from CPT
October 2014	27	Complete	TRUE	Deleted from CPT
October 2014	27	Complete	TRUE	Decrease
October 2014	27	Complete	TRUE	Decrease
			TRUE	Decrease

			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
referred to CPT for possible deletion		Complete	TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			FALSE	
			FALSE	
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
February 2016	21	Complete	TRUE	Deleted from CPT
February 2016	21	Complete	TRUE	Deleted from CPT
February 2016	21	Complete	TRUE	Deleted from CPT
February 2016	21	Complete	TRUE	Maintain
February 2016	21	Complete	TRUE	Decrease
February 2016	21	Complete	TRUE	Decrease
February 2016	21	Complete	TRUE	Decrease
October 2009	37	Complete	TRUE	Maintain
October 2009	37	Complete	TRUE	Maintain
October 2009	37	Complete	TRUE	Maintain
			TRUE	Decrease
October 2010	19	Complete	TRUE	Decrease
October 2009	37		TRUE	Decrease
October 2009	37		TRUE	Decrease
October 2009	37		TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			FALSE	
			FALSE	
			FALSE	
			TRUE	Maintain
			TRUE	Maintain
February 2015	16	Complete	TRUE	Deleted from CPT
February 2015	16	Complete	TRUE	Deleted from CPT

February 2015	16		TRUE	Deleted from CPT
			TRUE	Maintain
			FALSE	
October 2014	18	Complete	FALSE	
October 2014	18	Complete	TRUE	Deleted from CPT
October 2014	18	Complete	TRUE	Deleted from CPT
			TRUE	Remove from Screen
			TRUE	Maintain
February 2012	12	Complete	TRUE	Deleted from CPT
February 2012	12	Complete	TRUE	Deleted from CPT
February 2012	12	Complete	TRUE	Deleted from CPT
			FALSE	
			TRUE	Increase
February 2011	06	Code Delete	TRUE	Deleted from CPT
February 2011	06	Code Delete	TRUE	Deleted from CPT
February 2009	31	Deleted	TRUE	Deleted from CPT
October 2015	24	Complete	TRUE	Deleted from CPT
			TRUE	PE Only
			TRUE	PE Only
RAW will assess Oct 2018			FALSE	
February 2014 February	21 & 14	Complete	TRUE	Deleted from CPT
February 2014 February	21	Complete	FALSE	Contractor Price
February 2011	14	Code Delete	TRUE	Deleted from CPT
October 2014	13	Complete	TRUE	Deleted from CPT
October 2014	13	Complete	TRUE	Deleted from CPT
			FALSE	Deleted from CPT
			FALSE	Deleted from CPT
			FALSE	Deleted from CPT
February 2013	10	Code Delete	TRUE	Deleted from CPT
June 2011		Code Delete	TRUE	Deleted from CPT
October 2015	24	Complete	TRUE	Deleted from CPT
October 2015	24	Complete	TRUE	Deleted from CPT
October 2015	24	Complete	TRUE	Deleted from CPT
October 2015	24	Complete	TRUE	Deleted from CPT
October 2015	24	Complete	TRUE	Deleted from CPT
February 2015	16	Complete	TRUE	Deleted from CPT
February 2015	16	Complete	TRUE	Deleted from CPT
RAW will assess Oct 2018			FALSE	
February 2010	07	Deleted-new	TRUE	Deleted from CPT
February 2010	07	Deleted-new	TRUE	Deleted from CPT
February 2010	07	Category III	TRUE	Deleted from CPT
February 2010	07	Category III	TRUE	Deleted from CPT
February 2010	07	Category III	TRUE	Deleted from CPT
			FALSE	

			FALSE	
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
May 2008	EC-F	Complete	TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
October 2013	26	Complete	TRUE	Increase
October 2013	26	Complete	TRUE	Increase
October 2013	26	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
May 2015	23	Complete	FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Remove from screen
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			FALSE	
			TRUE	Maintain
February 2010	37	Deleted	TRUE	Deleted from CPT
CPT 2019			FALSE	
CPT 2019			FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
October 2013	06	Complete	FALSE	
			TRUE	Increase
October 2013	28	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Remove from Screen
October 2015		Complete	TRUE	Maintain
October 2015		Complete	TRUE	Maintain
October 2015		Complete	TRUE	Maintain
			TRUE	PE Only
			FALSE	
September 2017			FALSE	
October 2012	08	Complete	TRUE	Deleted from CPT

October 2012	08	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
February 2017			FALSE	
February 2017			FALSE	
October 2015	38	Complete	TRUE	Increase
October 2015	38	Complete	TRUE	Increase
October 2015	38	Complete	TRUE	Maintain
October 2010	22	Complete	TRUE	Deleted from CPT
May 2013		Complete	TRUE	Maintain
May 2013		Complete	TRUE	Deleted from CPT
October 2010	22	Complete	TRUE	Deleted from CPT
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
October 2012	22	Complete	TRUE	Maintain
October 2012	22	Complete	TRUE	Maintain
October 2012	22	Complete	TRUE	Maintain
October 2012	22	Complete	TRUE	Decrease
October 2012, October	22, 28/29	Complete	TRUE	Decrease
February 2014, October	44, 28/29	complete	TRUE	Maintain
			TRUE	Maintain
February 2014	44	Complete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
February 2014	44	Complete	TRUE	Deleted from CPT
February 2014	44	Complete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
February 2014	44	Complete	TRUE	Decrease
February 2014	44	Complete	TRUE	Deleted from CPT
February 2014	44	Complete	TRUE	Deleted from CPT
February 2014	44	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only

			TRUE	PE Only
			TRUE	PE Only
October 2013	28	Complete	TRUE	PE Only
October 2013	28	Complete	TRUE	PE Only
October 2013	28	Complete	TRUE	Decrease
October 2013 and Febu	28 & 45	Complete	TRUE	PE Only
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	PE Only
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	PE Only
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
October 2013	28	Complete	TRUE	Deleted from CPT
			TRUE	Contractor Price
			TRUE	Contractor Price
June 2009	21	Complete	TRUE	Decrease
			FALSE	
			TRUE	Decrease
			FALSE	
			TRUE	PE Only
October 2014	28/29	Complete	TRUE	Decrease
October 2014	28/29	Complete	TRUE	Decrease
October 2014	28/29	Complete	TRUE	Decrease
October 2014	28/29	Complete	TRUE	Decrease
October 2014	28/29	Complete	TRUE	Decrease
February 2015	35	Complete	TRUE	Deleted from CPT
February 2015	35	Complete	TRUE	Deleted from CPT
February 2015	35	Complete	TRUE	Decrease
February 2008	36	Code Delete	TRUE	Deleted from CPT
February 2008	36	Code Delete	TRUE	Deleted from CPT
February 2008	36	Code Delete	TRUE	Deleted from CPT
October 2014	28/29	Complete	TRUE	Deleted from CPT
October 2014	28/29	Complete	TRUE	Deleted from CPT
October 2014	28/29	Complete	TRUE	Deleted from CPT
February 2015	35	Complete	TRUE	Decrease
February 2012	13	Complete	TRUE	Deleted from CPT
February 2012	13	Complete	TRUE	Deleted from CPT
February 2012	13	Complete	TRUE	Deleted from CPT

February 2012	13	Complete	TRUE	Deleted from CPT
February 2012	13	Complete	TRUE	Deleted from CPT
February 2012	13	Complete	TRUE	Deleted from CPT
February 2012	13	Complete	TRUE	Deleted from CPT
February 2012	13	Complete	TRUE	Decrease
February 2012	13	Complete	TRUE	Decrease
February 2012	13	Complete	TRUE	Decrease
			FALSE	
			FALSE	
			FALSE	
October 2010	21	Complete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
October 2008	23		TRUE	Deleted from CPT
October 2008	23		TRUE	Deleted from CPT
October 2008	23		TRUE	Deleted from CPT
October 2008	23	Code Delete	TRUE	Deleted from CPT
			TRUE	Maintain
October 2008	23	Code Delete	TRUE	Deleted from CPT
October 2008	23	Code Delete	TRUE	Deleted from CPT
			FALSE	
October 2010	23	Complete	TRUE	Decrease
October 2010	23	Code Delete	TRUE	Maintain
October 2010	23	Complete	TRUE	Decrease
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23	Code Delete	TRUE	Deleted from CPT
October 2010	23		TRUE	Decrease
October 2010	23	Complete	TRUE	Decrease
			FALSE	

			TRUE	Maintain
			TRUE	Maintain
			FALSE	
			FALSE	
			TRUE	Maintain
			TRUE	Maintain
October 2010	30	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
cialty requested that this service be referred to C			TRUE	Decrease
			FALSE	
			FALSE	
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
June 2010	12	Complete	TRUE	Maintain
June 2010	12	Complete	TRUE	Maintain
June 2010	12	Complete	TRUE	Maintain
June 2010	12	Complete	TRUE	Deleted from CPT
June 2010	12	Complete	TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
May 2012		Complete	TRUE	Decrease
			TRUE	Deleted from CPT
			TRUE	Decrease
October 2014	45	Complete	TRUE	Decrease
October 2014	45	Complete	TRUE	Deleted from CPT

			TRUE	PE Only
Oct 2013		Complete	TRUE	Deleted from CPT
October 2014	45	Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
May 2013		Complete	TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
May 2013		Complete	TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Deleted from CPT
February 2012	93	Complete	TRUE	Deleted from CPT
February 2012	93	Complete	TRUE	Deleted from CPT
February 2012	93	Complete	TRUE	Deleted from CPT
February 2012	93	Complete	TRUE	Deleted from CPT
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
			TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Increase
February 2012	93	Complete	TRUE	Maintain
February 2012	93	Complete	TRUE	Deleted from CPT
February 2012	93	Complete	TRUE	Increase
			TRUE	Increase

			TRUE	Increase
			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
October 2009	44		TRUE	Decrease
October 2009	44		TRUE	Decrease
October 2009	44	Code Delete	TRUE	Deleted from CPT
			TRUE	Maintain
May 2016	26	Complete	TRUE	Deleted from CPT
October 2015	55	Complete	TRUE	Decrease
October 2015	55	Complete	TRUE	Decrease
October 2015	55	Complete	TRUE	Decrease
			TRUE	Decrease
February 2014	87	Complete	FALSE	
February 2017			FALSE	
February 2010		Complete	TRUE	Decrease
October 2011	20	Complete	TRUE	Decrease
October 2011	20	Complete	TRUE	Maintain
			TRUE	Maintain

October 2012	28	Complete	TRUE	Deleted from CPT
			TRUE	Decrease
			TRUE	Decrease
October 2012	28	Complete	TRUE	Increase
October 2012	28	Complete	TRUE	Increase
October 2012	28	Complete	TRUE	Increase
October 2012	28	Complete	TRUE	Increase
			FALSE	
October 2014	54	Complete	TRUE	Increase
October 2014	54	Complete	TRUE	Increase
			TRUE	Decrease
February 2009	54	Complete	TRUE	Maintain
February 2009	54	Complete	TRUE	Increase
October 2014	54	Complete	TRUE	Deleted from CPT
February 2009	54	Complete	TRUE	Increase
February 2009	54	Complete	TRUE	Increase
February 2014	87	Complete	TRUE	Maintain
February 2014	87	Complete	TRUE	Maintain
February 2014	87	Complete	TRUE	Maintain
			TRUE	Decrease
February 2009	54	Complete	TRUE	Decrease
February 2011			TRUE	Increase
February 2009	54	Complete	TRUE	Decrease
February 2009	54	Complete	TRUE	Decrease
February 2009	54	Code Delete	TRUE	Deleted from CPT
			TRUE	Decrease
October 2010	41	Complete	TRUE	Increase
February 2011			TRUE	Increase
			TRUE	Decrease
February 2011	58	Complete	TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			FALSE	
			TRUE	Decrease
February 2011	58		TRUE	Increase
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Decrease
			FALSE	
			TRUE	Decrease
			TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease

October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
October 2011	21	Complete	TRUE	Decrease
			TRUE	Maintain
			FALSE	
October 2011	21	Deleted fron	TRUE	Deleted from CPT
October 2011	21	Deleted fron	TRUE	Deleted from CPT
October 2011	21	Deleted fron	TRUE	Deleted from CPT
October 2011	21	Deleted fron	TRUE	Deleted from CPT
			TRUE	Remove from Screen
October 2011	21	Deleted fron	TRUE	Deleted from CPT
October 2011	21	Deleted fron	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
February 2010	57		TRUE	Deleted from CPT
February 2010	57		TRUE	Deleted from CPT
October 2010	42	Complete	TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
October 2010	42	Complete	TRUE	Maintain
			TRUE	PE Only
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
February 2010	57	Revised	TRUE	Maintain
February 2010	57		TRUE	Maintain
February 2010	57		TRUE	Maintain
Feburary 2010	57	Revised	TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
February 2010	57	Deleted	TRUE	Deleted from CPT
February 2010	57		TRUE	Deleted from CPT
February 2010	57		TRUE	Deleted from CPT
February 2010	57	Deleted	TRUE	Deleted from CPT

February 2010	57		TRUE	Deleted from CPT
February 2010	57	Deleted	TRUE	Deleted from CPT
February 2010	57	Complete	TRUE	Deleted from CPT
February 2010	57		TRUE	Maintain
February 2010	57		TRUE	PE Only
February 2010	57		TRUE	PE Only
February 2010	57		TRUE	Maintain
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
February 2017 EC	EC		FALSE	
			FALSE	
			FALSE	
February 2017 EC	EC		FALSE	
			FALSE	
			FALSE	
February 2017 EC	EC		FALSE	
			TRUE	Increase
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
October 2010	42	Complete	TRUE	Decrease
			TRUE	Maintain
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease

October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13	Deleted	TRUE	Deleted from CPT
			TRUE	Decrease
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13	Deleted	TRUE	Deleted from CPT
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13		TRUE	Decrease
October 2009	13	Complete	TRUE	Decrease
			FALSE	
			FALSE	
October 2011	22	Complete	TRUE	Maintain
February 2011	13	Complete	TRUE	Maintain
October 2011	22	Complete	TRUE	Deleted from CPT
October 2011	22	Complete	TRUE	Deleted from CPT
October 2011	22	Complete	TRUE	Decrease
October 2011	22	Complete	TRUE	Decrease
October 2011	22	Complete	TRUE	Decrease
October 2011	22	Complete	TRUE	Decrease
October 2011	22	Complete	TRUE	Decrease
			TRUE	Maintain

			TRUE	Remove from Screen
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
October 2010	43	Complete	TRUE	Deleted from CPT
October 2010	43	Complete	TRUE	Increase
			TRUE	Increase
October 2010	CCI edits	Complete	TRUE	Increase
October 2010	CCI edits	Complete	TRUE	Increase
February 2010	58	Revised	TRUE	Maintain
February 2010	58	Revised	TRUE	Maintain
February 2010	58	Revised	TRUE	Maintain
			TRUE	Maintain
			TRUE	Increase
			TRUE	Increase
October 2010	CCI edits	Complete	TRUE	Increase
May 2016	28	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Increase
			TRUE	Increase
			FALSE	Deleted from CPT
			TRUE	Increase
			TRUE	Maintain
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Remove from Screen
			TRUE	Maintain
October 2010	44	Complete	TRUE	Deleted from CPT
October 2010	44	Complete	TRUE	Deleted from CPT
October 2010	44	Complete	TRUE	Deleted from CPT
October 2010	44	Complete	TRUE	Deleted from CPT
October 2010	44	Complete	TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Remove from Screen
February 2016	39	Complete	TRUE	Deleted from CPT
February 2016	39	Complete	TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Remove from Screen

February 2016	39	Complete	TRUE	Decrease
February 2016	39	Complete	TRUE	Decrease
October 2010	44	Complete	TRUE	Deleted from CPT
October 2010	44	Complete	TRUE	Deleted from CPT
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
February 2011			TRUE	Decrease
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
February 2012	15	Complete	TRUE	Deleted from CPT
February 2012	15	Complete	TRUE	Deleted from CPT
February 2012	15	Complete	TRUE	Decrease
February 2012	15	Complete	TRUE	Decrease
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
October 2015		revisions not	TRUE	PE Only
February 2017 EC	EC		FALSE	
October 2009			TRUE	Decrease
October 2009			TRUE	Decrease
			TRUE	Decrease
October 2009			TRUE	Decrease
October 2009			TRUE	Decrease
October 2009			TRUE	Decrease
October 2009			TRUE	Decrease
October 2009			TRUE	Decrease
October 2009			TRUE	Decrease
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			FALSE	
February 2011 & Octob	09	Complete	TRUE	Maintain
February 2011 & Octob	09	Complete	TRUE	Maintain
February 2011 & Octob	09	Complete	TRUE	Maintain

February 2011 & Octob	09	Complete	TRUE	Maintain
October 2011	06	Complete	TRUE	Maintain
October 2011	06	Complete	TRUE	Maintain
October 2011	06	Complete	TRUE	Maintain
October 2011	06	Complete	TRUE	Maintain
February 2011 and Octo	09	Complete	TRUE	Decrease
February 2011 and Octo	09	Complete	TRUE	Decrease
February 2011 and Octo	09	Complete	TRUE	Decrease
October 2011& Februar	06 & 16	Complete	TRUE	Deleted from CPT
October 2011 and Febr	06 & 16	Complete	TRUE	Deleted from CPT
February 2011 & Octob	09 & 16	Complete	TRUE	Deleted from CPT
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	17	Complete	TRUE	Maintain
February 2012	17	Complete	TRUE	Maintain
			TRUE	Maintain
February 2012	17	Complete	TRUE	Decrease
October 2010	48	Complete	TRUE	Maintain
October 2010	48	Complete	TRUE	Maintain
October 2010	48	Complete	TRUE	Maintain
October 2010	48	Complete	TRUE	Maintain
May 2016	29	Complete	TRUE	Maintain
October 2011 & Februa	06 & 16	Complete	TRUE	Deleted from CPT
October 2011 & Februa	06 & 16	Complete	TRUE	Deleted from CPT
October 2010	48	Complete	TRUE	Decrease
October 2010	48	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	16	Complete	TRUE	Decrease
February 2012	17	Complete	TRUE	Maintain
			TRUE	PE Only
			FALSE	
			TRUE	PE Only
			TRUE	Remove from Screen
			TRUE	PE Only
			TRUE	Maintain
February 2017			FALSE	
February 2015	75	Complete	TRUE	Maintain
May 2014 February 2(	EC1	Complete	TRUE	Decrease
February 2015	75	Complete	TRUE	Deleted from CPT

February 2017			FALSE	
February 2017			FALSE	
February 2017			FALSE	
February 2017			FALSE	
February 2017			TRUE	Maintain
February 2017			TRUE	Maintain
February 2017			TRUE	Maintain
October 2010		Complete	TRUE	Maintain
October 2010		Complete	TRUE	Maintain
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	Deleted from CPT
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
N/A	N/A	N/A	FALSE	
N/A	N/A	N/A	FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
N/A	N/A	N/A	FALSE	
N/A	N/A	N/A	FALSE	
N/A	N/A	N/A	FALSE	
N/A	N/A	N/A	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
September 2016	82	yes	FALSE	
N/A	N/A	N/A	FALSE	
N/A	N/A	N/A	FALSE	
			TRUE	PE Only
			TRUE	PE Only
N/A	N/A	N/A	FALSE	
N/A	N/A	N/A	FALSE	

			TRUE	Maintain
			TRUE	Maintain
			TRUE	PE Only
			TRUE	Maintain
			TRUE	PE Only
September 2016	78	yes	FALSE	Deleted from CPT
			TRUE	PE Only
			TRUE	Maintain
			TRUE	Increase
			TRUE	Maintain
September 2016	78	yes	FALSE	
September 2016	78	yes	FALSE	
February 2015	88	Complete	TRUE	Deleted from CPT
February 2015	88	Complete	TRUE	Deleted from CPT
February 2015	88	Complete	TRUE	Deleted from CPT
February 2015	88	Complete	TRUE	Deleted from CPT
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
al Medicine and Rehabilitation serv		survey existi	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	
		survey existi	FALSE	
February 2015	88	Complete	TRUE	Decrease
February 2015	88	Complete	TRUE	Decrease
February 2015	88	Complete	TRUE	Maintain
February 2015	88	Complete	TRUE	Increase
February 2015	88	Complete	TRUE	Decrease
February 2015	88	Complete	TRUE	Maintain
February 2015	88	Complete	TRUE	Increase
February 2015	88	Complete	TRUE	Increase
ity Assessment Workgroup reviewe		survey existi	FALSE	
September 2016	80	yes	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	
ity Assessment Workgroup reviewe		survey existi	FALSE	

ity Assessment Workgroup reviewe		survey existi	FALSE	
vity Assessment Workgroup reviewe		survey existi	FALSE	
October 2009	15		FALSE	
October 2009	15		FALSE	
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Decrease
			TRUE	Decrease
			TRUE	Maintain
February 2017			FALSE	
September 2016	81	yes	FALSE	
September 2016	81	yes	FALSE	
September 2016	81	yes	FALSE	Deleted from CPT
			FALSE	
			TRUE	Increase
			TRUE	Increase
September 2016	80	yes	FALSE	
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Increase
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Deleted from CPT
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
			TRUE	Maintain
May 2014	24	Complete	TRUE	PE Only
May 2014	24	Complete	TRUE	PE Only
			TRUE	Decrease
September 2016	08	yes	TRUE	Deleted from CPT
September 2016	08	yes	TRUE	Deleted from CPT
			TRUE	Remove from screen
			TRUE	Remove from screen
September 2016	08	yes	FALSE	

September 2016	08	yes	FALSE	
			FALSE	
			FALSE	
			TRUE	Remove from Screen
			FALSE	
October 2013	16	Complete	TRUE	Decrease
			TRUE	Decrease
			FALSE	
			FALSE	
			TRUE	Decrease
			TRUE	Remove from Screen
			FALSE	
MS why G codes are developed. CMS indicated tl			TRUE	Remove from screen
MS why G codes are developed. CMS indicated tl			TRUE	Remove from screen
MS why G codes are developed. CMS indicated tl			TRUE	Remove from screen
			TRUE	Remove from screen
October 2015	38	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
October 2015	38	Complete	TRUE	Deleted from CPT
			TRUE	Remove from Screen
			TRUE	Remove from Screen
September 2016	08	yes	FALSE	
September 2016	08	yes	FALSE	
September 2016	08	yes	FALSE	
			TRUE	Remove from Screen
			TRUE	Remove from Screen
vity Assessment Workgroup reviewed the action			FALSE	
May 2015	23	Complete	TRUE	Maintain
			FALSE	
			FALSE	
			TRUE	Increase
			TRUE	Deleted from CPT
MS why G codes are developed. CMS indicated tl			TRUE	Remove from screen
MS why G codes are developed. CMS indicated tl			TRUE	Remove from screen
			FALSE	
			FALSE	
			FALSE	
			TRUE	Remove from screen
May 2013	28	Complete	TRUE	Remove from Screen
May 2013	28	complete	TRUE	Remove from Screen

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
10021	**Fine needle aspiration; without imaging guidance**	CMS Request - Final Rule for 2016	April 2016	AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS	February 2017

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
10022	**Fine needle aspiration; with imaging guidance**	CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	April 2016	AACE, ASBS, ASC, CAP, ES, ACR, SIR	February 2017

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
11100	**Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion**	MPC List / CMS High Expenditure Procedural Codes2	January 2016	AAD	February 2017

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. In September 2016, the Editorial Panel again postponed this issue until February 2017 and requested that the specialty society specifically address the type of biopsy (punch, shave, incisional), introductory language regarding specific conditions (inflammatory and neoplastic) and differentiate bewtween partial and full-thickness biopsies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
11101	**Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)**	Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	January 2016	AAD	February 2017

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. In September 2016, the Editorial Panel again postponed this issue until February 2017 and requested that the specialty society specifically address the type of biopsy (punch, shave, incisional), introductory language regarding specific conditions (inflammatory and neoplastic) and differentiate bewtween partial and full-thickness biopsies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
22558	**Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**	High Volume Growth2 / Codes Reported Together 75% or More-Part3	October 2013	AANS/CNS, AAOS, NASS	September 2016

Background: In January 2015 the Joint CPT/RUC Workgroup recommended a bundling solution for codes 22558 and 63090. The specialty societies have reviewed CPT coding guidelines and society educational materials for 63090 and they believe 63090 may have been inappropriately reported with 22558 because there is no definition for partial vertebral corpectomy in CPT. In September 2016, the CPT Editorial Panel added introductory language to the guidelines defining partial vertebral corpectomy. The 2014 Medicare data indicate that 22558 and 63090 are reported together 72% of the time. The Relativity Assessment Workgroup should review an action plan indicating whether a bundling solution is still necessary or if the education and coding guideline changes have/will address this issue.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
27370	**Injection of contrast for knee arthrography**	High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	October 2016	AAPMR, ACR	CPT 2019

Background: In October 2016, the RUC went through the long history of trying to address this potentially misvalued service. The specialty societies explained 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). The RUC extensively discussed the appropriate options to address the rising inappropriate utilization of this procedure. The RUC noted that deleting this code and then bundling it into the arthrography base procedures would not be ideal because it would involve edits to over 70 codes. The RUC also discussed that this procedure could become an add-on code. However, the RUC came to agreement that this code should be referred to CPT for deletion and replacement of a new code. The members agreed that this is the most efficient way to stem the rising inappropriate volume. The RUC recommends that CPT code 27370 be referred to the CPT Editorial Panel for deletion and be replaced with a new code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36568	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age**	Identified in RUC review of other services	October 2016	ACR, SIR	CPT 2019

Background: In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36569	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**	CMS High Expenditure Procedural Codes2	October 2016	ACR, SIR	CPT 2019

Background: In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36584	**Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access**	Identified in RUC review of other services	October 2016	ACR, SIR	CPT 2019

Background: In October 2016, The RUC noted that CPT code 36569 is typically reported with codes 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (work RVU= 0.30) and 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (work RVU= 0.38). These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age and 36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access). The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
63090	**Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**	Codes Reported Together 75% or More-Part3		AAOS, AANS	September 2016

Background: In January 2015 the Joint CPT/RUC Workgroup recommended a bundling solution for codes 22558 and 63090. The specialty societies have reviewed CPT coding guidelines and society educational materials for 63090 and they believe 63090 may have been inappropriately reported with 22558 because there is no definition for partial vertebral corpectomy in CPT. In September 2016, the CPT Editorial Panel added introductory language to the guidelines defining partial vertebral corpectomy. The 2014 Medicare data indicate that 22558 and 63090 are reported together 72% of the time. The Relativity Assessment Workgroup should review an action plan indicating whether a bundling solution is still necessary or if the education and coding guideline changes have/will address this issue.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75894	**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	October 2016	ACC, ACR, SIR, SVS	RAW will assess Oct 2018

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. The Relativity Assessment Workgroup is to review the utilization for this code to determine if a coding change is necessary in October 2018.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
75984	**Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2016	ACR, SIR	RAW will assess Oct 2018

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. To review at RAW October 2018 to determine if code bundling solution still necessary.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76881	**Ultrasound, extremity, nonvascular, real-time with image documentation; complete**	CMS Fastest Growing / New Technology/New Services	October 2016	AAOS, ACR, ACRh, APMA	CPT 2019

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data. In October 2016, the specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76882	**Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**	CMS Fastest Growing / New Technology/New Services	October 2016	AAOS, ACR, ACRh, APMA	CPT 2019

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data. In October 2016, the specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77014	**Computed tomography guidance for placement of radiation therapy fields**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	January 2016	ASTRO, ACR	September 2017

Background: Revise based on CMS input regarding the radiation oncology services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77058	**Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**	CMS High Expenditure Procedural Codes2	October 2016	ACR	February 2017

Background: In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) has been submitted for the upcoming February 2017 CPT Editorial Panel meeting. The RUC recommends CPT code 77058 and 77059 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77059	**Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**	CMS High Expenditure Procedural Codes2	October 2016	ACR	February 2017

Background: In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) has been submitted for the upcoming February 2017 CPT Editorial Panel meeting. The RUC recommends CPT code 77058 and 77059 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92275	**Electroretinography with interpretation and report**	CMS High Expenditure Procedural Codes2	January 2016	AAO, ASRS, AOA (optometry)	February 2017

Background: In January 2016, the specialty society noted that they became aware of inappropriate use of this code for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 99275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes are necessary to ensure that the service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is developed. The RUC recommends CPT code 92275 be referred to the CPT Editorial Panel. In May 2016 this issue was postponed until September 2016. In September 2016 the CPT Editorial Panel postponed this issue was postponed until Feb 2017 to with a request for the specialty societies to submit literature for all codes and utilize the regular code change application.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

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**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	CMS High Expenditure Procedural Codes2	October 2016	ACC, HRS	February 2017 EC

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 October 2016 the RUC PE Subcommittee discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95251	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**	High Volume Growth	October 2016	AACE, ES	February 2017 EC

Background: In October 2016, at the Practice Expense Subcommittee, there was extensive discussion around the issue of what codes are appropriate to report when the patient owns the equipment versus when the practice owns the equipment. The specialties clarified that CPT code 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, since it is a PE-only code, should not be reported when the equipment is owned by the patient. In this scenario, only CPT code 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report would be reported.The RUC agreed with the Subcommittee that it is important that either education or a CPT parenthetical be created to clarify the appropriate reporting of these services. The RUC recommends this service be referred to the CPT Editorial Panel Executive Committee to provide a solution to ensure correct coding occurs.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95970	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**	Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	January 2016	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	January 2016	AAN	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	January 2016	AAN	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS Request - Final Rule for 2016	January 2016	AAN	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95979	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	CMS Request - Final Rule for 2016	January 2016	AAN	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95980	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**	CMS Request - Final Rule for 2016	January 2016	No Interest	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95981	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**	CMS Request - Final Rule for 2016	January 2016	No Interest	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95982	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**	CMS Request - Final Rule for 2016	January 2016	No Interest	February 2017

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. This issue was postponed again until the February 2017 CPT meeting after additional literature is submitted.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
97750	**Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes**	Physical Medicine and Rehabilitation Services	April 2016	APTA, AOTA	February 2017

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.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
97755	**Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**	High Volume Growth1	April 2016	APMA, ACS, AAOS, ASPS	February 2017

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 Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
76706	**Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)**	Final Rule for 2015	October 2015	0.55 and refer to CPT Assistant	ACR, SIR, SVS	Article Needed

Background: When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, we proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. After considering the issue, CMS are proposing G0389 as a potentially misvalued code and seeking recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. CMS has not reviewed the inputs used to develop RVUs for this code since it was established in CY 2007 and the RVUs were directly crosswalked from 76705. Based on the issues raised by stakeholders, CMS believes that it should value this code through the standard methodologies, including the full PE RVU methodology. In order to do so, CMS are proposing to include this code on our list of proposed potentially misvalued codes and seek input from the public and other stakeholders, including the RUC, regarding the appropriate work RVU, time, and direct PE inputs that reflect the typical resources involved in furnishing the service. In September 2014 the RUC refered G0389 to CPT to transition this code to a Category I code for the 2016 cycle. In October 2015, the RUC raised concerns that the practice expense recommendation was prepared by specialty societies that are not the dominant provider of this service according to Medicare claims data. The presenters explained that this is likely due to increased use of G code G0389 for a handheld device, which is not the intended use of the CPT code that is currently used as a crosswalk for the G code. The presenters explained and the RUC agreed that this is likely an issue of miscoding. The RUC recommends that the specialty develop a CPT Assistant article to clarify appropriate use of the new CPT code 76706 that will replace the G code G0389.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
G0389	**Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**	Final Rule for 2015 / High Volume Growth4	October 2015	Refer to CPT Assistant.	ACC, ACP, ACR, SCAI, SVS	Article Needed

Background: When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, we proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. after considering the issue, CMS are proposing G0389 as a potentially misvalued code and seeking recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. CMS has not reviewed the inputs used to develop RVUs for this code since it was established in CY 2007 and the RVUs were directly crosswalked from 76705. Based on the issues raised by stakeholders, CMS believes that it should value this code through the standard methodologies, including the full PE RVU methodology. In order to do so, CMS are proposing to include this code on our list of proposed potentially misvalued codes and seek input from the public and other stakeholders, including the RUC, regarding the appropriate work RVU, time, and direct PE inputs that reflect the typical resources involved in furnishing the service. In September 2014 the RUC refered G0389 to CPT to transition this code to a Category I code for the 2016 cycle. In October 2015, the RUC raised concerns that the practice expense recommendation was prepared by specialty societies that are not the dominant provider of this service according to Medicare claims data. The presenters explained that this is likely due to increased use of G code G0389 for a handheld device, which is not the intended use of the CPT code that is currently used as a crosswalk for the G code. The presenters explained and the RUC agreed that this is likely an issue of miscoding. The RUC recommends that the specialty develop a CPT Assistant article to clarify appropriate use of the new CPT code 76706 that will replace the G code G0389.

New Technology/New Services List

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	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.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018		☐
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
228X0		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
228X4		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
228X5		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
228XX		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018		☐
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	October 2019		☐
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	October 2019		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Surveying for January 2017 as part of bundling	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
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	Survey for April 2017	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Survey for April 2017	☐
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	Survey for April 2017	☐
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	Survey for April 2017	☐
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	Survey for April 2017	☐
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	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
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	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
333X3		Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		☐
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	October 2019		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018		☐
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2018		☐
364X1		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
364X2		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	October 2018		☐
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38221	Diagnostic bone marrow; biopsy(ies),	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
382X3	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018		☐
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
432X1		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
432X2		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐
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	October 2018		☐
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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	October 2019		☐
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	October 2019		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
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	October 2019		☐
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	October 2019		☐
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	October 2019		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
585X1		Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
630X1		Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	October 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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017		☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2017		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 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	October 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	October 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	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 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	October 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	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 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	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IL28B (interleukin 28B [interferon, lambda 3]) (eg, drug response), rs12979860 variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative,							

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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/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, icthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial							

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	encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PABPN1 (poly[A] binding protein, nuclear 1) (eg, oculopharyngeal muscular dystrophy), evaluation to detect abnormal (eg, expanded) alleles PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PPP2R2B (protein phosphatase 2, regulatory subunit B, beta) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9							

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	(septin 9) (eg, colon cancer), methylation analysis 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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) 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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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,							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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)							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) 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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha							

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	globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence							

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	NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma),							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 CHRNB2 (cholinergic receptor,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation							

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	initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene							

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	sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8,							

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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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	pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	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							

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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							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	domain containing) (eg, focal segmental 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-							

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	associated protein tau) (eg, frontotemporal 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							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (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							

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	cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage 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							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence 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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CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017		☐
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	October 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2019		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017		☐
935X1		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
935X2		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
935X3		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☐
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☐
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2018		☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
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	October 2016	Reaffirmed RUC recommendation	☑
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	October 2016	Reaffirmed RUC recommendation	☑
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	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2017		☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
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		☐

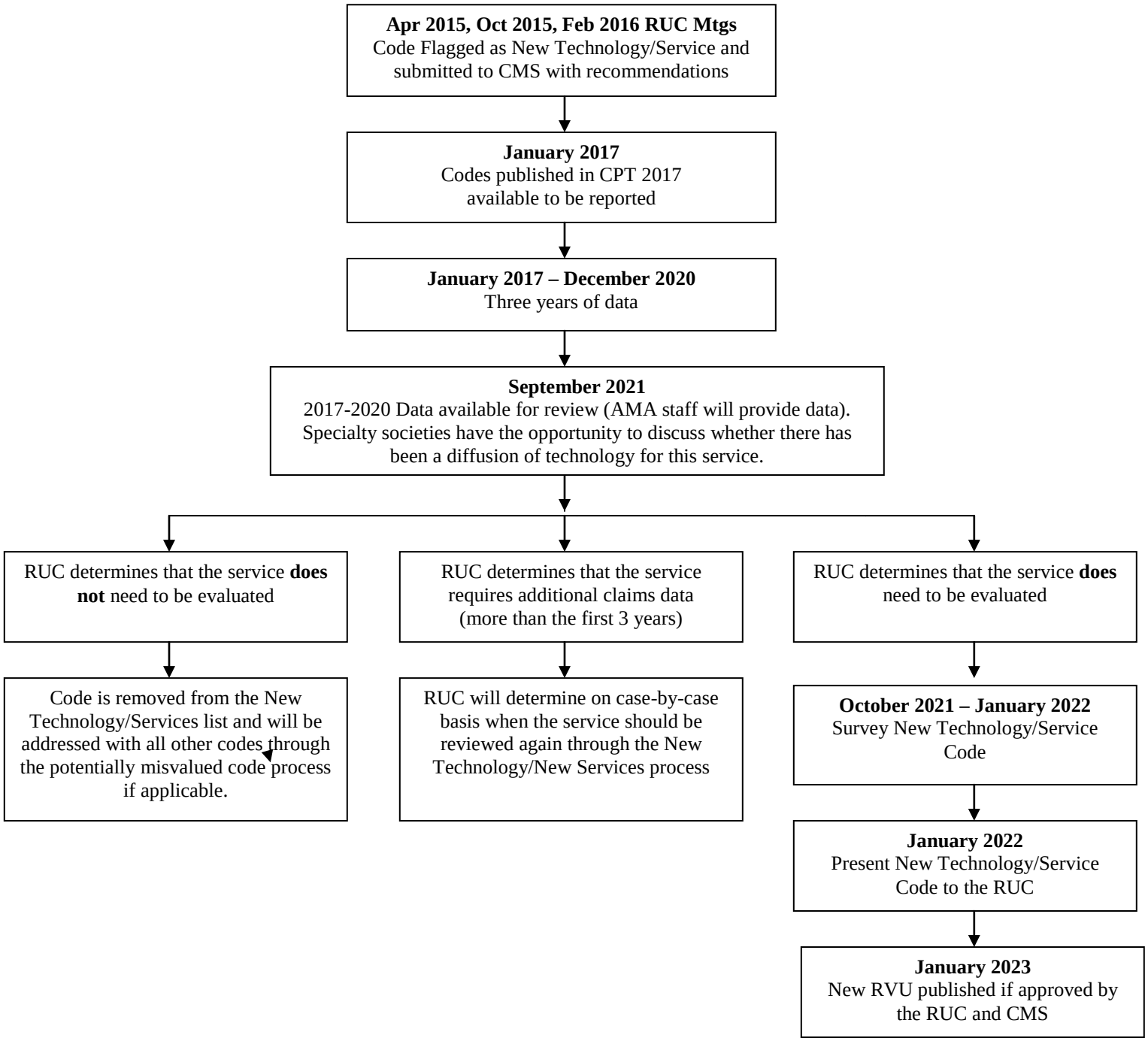
CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2018		☐
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	October 2017		☐
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		☐
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	October 2017		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2017		☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018).	☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Specialty and Acronym

Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Ashma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP

American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Osteopathic Association	AOA-Ortho
American Orthopaedic Foot and Ankle Society	AOFAS
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA-HCPAC
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery Association	ASDSA
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN

American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Spine Intervention Society	ISIS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
Medicare Payment Advisory Commission	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Triological Society	TTS

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2016

Intraoperative Radiation Therapy Applicator Procedures

At the May 2016 CPT meeting, the CPT Editorial Panel established one Category I code for reporting intraoperative radiation therapy applicator procedures.

19294 ***Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 71 breast surgeons and agreed with the following physician time components: intra-service time of 40 minutes. The specialty noted that this add-on service is performed in conjunction with either lumpectomy or a partial mastectomy. The radiation therapy is delivered only once per breast; it is possible to perform it in each breast following a lumpectomy on both sides.

The RUC reviewed the survey median work RVU of 3.00 and agreed that it would be appropriate account for the physician work involved in performing this service. To justify a work RVU of 3.00, the RUC compared the survey code to 2nd key reference code 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)*(work RVU of 3.73 and intra-service time of 40 minutes) and noted that both services have identical intra-service time. Similar to 14302, code 19294 includes a breast flap that is created in all directions around the defect to allow for transposition of surrounding breast tissue. In 19294 this mobilization allows secure, appropriate, approximation of breast tissue to the intraoperative radiation therapy applicator to ensure accurate radiation therapy to the targeted breast tissue. In addition to deep tissue planes, mobilization of skin flaps occurs for both 14302 and 19294. These circumferential skin flaps are mobilized around the radiation site to further assist creation of the target volume as well as enable protection of the skin from radiation injury. In comparison to 14302, the total area being mobilized in 19294 would approximate or exceed 30cm2. Code 19294 is different than 14302 in that it does not involve contouring of tissue and cosmetic closure of the defect, both of which add to the complexity/intensity of 14302. To further support a work RVU of 3.00, the RUC compared the survey code to CPT code 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)* (work RVU=3.00, intra-service time of 40 minutes) and noted that both services have identical physician time and involve a similar amount of physician work. The RUC also compared this service to all other ZZZ services with 40 minutes of intra-service time, and noted 3.00 represents an appropriate value for 19294 relative to these other services. **The RUC recommends a work RVU of 3.00 for CPT code 19294.**

Practice Expense
Since this is an intra-operative procedure, there are no direct practice expense inputs for this service.

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New Technology
This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Integumentary System
Introduction

Breast biopsies without image guidance are reported with 19100 and 19101. Image-guided breast biopsies, including the placement of localization devices when performed, are reported using 19081-19086. The image-guided placement of localization devices without image-guided biopsy are reported with 19281-19288. When more than one biopsy or localization device placement is performed using the same imaging modality, use an add-on code whether the additional service(s) is on the same or contra-lateral breast. If additional biopsies or localization device placements are performed using different imaging modalities, report another primary code for each additional biopsy or localization device placement performed using a different image guidance modality. When an open incisional biopsy is performed after image-guided placement of a localization device, 19101 is reported and the appropriate image-guided localization device placement code is reported.

When more than one breast localization device placement is performed using the same imaging modality, use an add-on code whether the additional service(s) is on the same or contra-lateral breast. If additional localization devices are placed using different imaging modalities, report another primary code for each additional modality. When an open incisional biopsy is performed after image-guided placement of a localization device, 19101 is reported and the appropriate image-guided localization device placement code is reported.

To report bilateral image-guided placement of localization devices report 19281, 19283, 19285, or 19287 for the initial lesion localized. The contra-lateral and each additional breast image-guided localization device placement is reported with code 19282, 19284, 19286 or 19288.

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Code 19294 is used to report the preparation of the tumor cavity with placement of an intraoperative radiation therapy applicator concurrent with partial mastectomy (19301, 19302).

⊙ *19298* *Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance*

✚●19294	H1	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) (Use 19294 in conjunction with 19301 or 19302)	ZZZ	3.00

Mastectomy Procedures

19301 *Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);*

19302 *with axillary lymphadenectomy*

(For placement of radiotherapy afterloading balloon/brachytherapy catheters, see 19296-19298)

(For the preparation of tumor cavity with placement of an intraoperative radiation therapy applicator concurrent with partial mastectomy, use 19294)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19294 Tracking Number H1 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ RUC Recommended RVU: **3.00**

CPT Descriptor: Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female has been diagnosed with invasive ductal breast carcinoma. Immediately following a partial mastectomy (reported separately), the tumor cavity is prepared and an applicator to deliver intraoperative radiation therapy is placed at the treatment site. Following radiation delivery by the radiation oncologist, the tumor cavity is closed. [Note: This is an add-on code for the additional work related to preparing the tumor cavity with intraoperative placement of a radiation therapy applicator. The partial mastectomy, including closure, is reported separately as the primary procedure and not included in the work of this add-on code.]

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%

Description of Pre-Service Work: n/a

Description of Intra-Service Work:
[Note: The patient remains under anesthesia and sterility is maintained throughout IORT.]
• After removal of the tumor and pathology assessment that tumor margins are clinically clear, the tumor cavity and the remaining breast tissue are examined by the surgeon and radiation oncologist to ensure there is adequate tissue for the radiotherapy applicator to be safely and securely positioned.
• As appropriate, breast tissue is dissected off the underlying chest muscle for several inches to create a pocket into which an internal radiation barrier may be inserted and the posterior layers of the breast parenchyma are closed over this radiation barrier using sutures.
• The cavity size is measured by the surgeon. Dimensions are discussed with the radiation oncologist. An appropriately sized and shaped radiotherapy applicator is brought to the operative field.
• The surgeon places the applicator.
• [Separately reported by radiation oncologist : The position of the applicator is confirmed or manipulated as needed by the radiation oncologist.]
• Multiple sutures are placed by the surgeon as required to ensure the surgical margins are aligned with the applicator surface. To minimize local skin radiation toxicity, the skin edges adjacent to the cavity are then dissected from the underlying breast parenchyma followed by placement of retraction device(s) or multiple retraction sutures to retract the skin edges away from the radiotherapy applicator.
• [Separately reported by radiation oncologist: Necessary additional work prior to radiation delivery (eg, additional shielding, adjustments to angles and measurements) and radiation delivery. The radiation treatment is planned and delivered under the supervision of the radiation oncologist.]

• Note: The surgeon must be available during the pre-radiation and radiation period in the event that additional surgical work is needed to retract skin or other tissues.
• After the radiation treatment is complete, the surgeon removes the conforming sutures.
• [Separately reported by radiation oncologist: The applicator and radiation ensemble are removed.]
• The surgeon removes the internal radiation barrier, if placed.
• After inspection of the wound, the surgeon closes the wound (closure is included in the partial mastectomy procedure).

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Eric Whitacre, MD, FACS; Janie Grumley, MD, FACS		
Specialty(s):	breast surgery (ASBrS)		
CPT Code:	19294		
Sample Size:	2865	**Resp N:** 71	**Response:** 2.4 %
Description of Sample:	ASBrS US members who are surgeons		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	20.00	100.00
Survey RVW:	1.20	1.95	**3.00**	4.00	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	23.00	**40.00**	45.00	90.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	19294	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19297	ZZZ	1.72	**RUC Time**

CPT Descriptor Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
14302	ZZZ	3.73	**RUC Time**

CPT Descriptor 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)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	462,727

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	6,958

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 42.2 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 33.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 19294	Top Key Reference CPT Code: 19297	2nd Key Reference CPT Code: **14302**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	40.00	30.00	40.00
Median Immediate Post-service Time	0.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**40.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	0.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	1.17
Urgency of medical decision making	0.47	0.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.47	0.52
Physical effort required	0.47	0.42

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.13	0.92
Outcome depends on the skill and judgment of physician	0.67	0.88
Estimated risk of malpractice suit with poor outcome	0.33	0.92

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.70	0.92

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.

Recommendation

We recommend the survey median work RVU 3.00 for code 19294 and the median survey additional intraoperative time of 40 minutes.

Key Reference Service (KRS) Comparison

19297: Both code 19294 and KRS code 19297 involve placement of an applicator/catheter into the breast lumpectomy cavity for the deliverance of radiation. However, 19294 is related to a single high dose of radiation that is delivered intra-operatively via the applicator. This requires precise placement of the device along with protecting the skin and underlying chest wall from high dose radiation damage. This also requires mobilization of tissue flaps so that the breast tissue to be treated conforms to and is in contact with the applicator. Additionally the skin must be protected from radiation damage and the mammary space must be mobilized for the placement of a protective shield to prevent radiation damage to the underlying muscle and rib. This work is not included in 19297. For 19297, cat scan imaging simulation is performed in a radiology suite by radiation oncologists and the implanted device can be adjusted if needed to ensure safe administration of radiation which is typically given in multiple sessions over several days at much lower doses. This difference in work results in a more complex and intense procedure for the surgeon performing 19294.

14302: Lumpectomy results in a defect in the breast. Similar to 14302, code 19294 includes a breast flap that is created in all directions around the defect to allow for transposition of surrounding breast tissue. In 19294 this mobilization allows secure, appropriate, approximation of breast tissue to the intraoperative radiation therapy applicator to ensure accurate radiation therapy to the targeted breast tissue. In addition to deep tissue planes, mobilization of skin flaps occurs for both 14302 and 19294. These circumferential skin flaps are mobilized around the radiation site to further assist creation of the target volume as well as enable protection of the skin from radiation injury. In comparison to 14302, the total area being mobilized in 19294 would approximate or exceed 30cm2. Code 19294 is different than 14302 in that it does not involve contouring of tissue and cosmetic closure of the defect, both of which add to the complexity/intensity of 14302.

MPC Comparison

SOURCE	CPT	DESC	IWPUT	RVW	Total	Pre	Intra	Post

SOURCE	CPT	DESC	IWPUT	RVW	Total	Pre	Intra	Post
MPC	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes	0.075	2.25	30		30	
REC	19294	Preparation of tumor cavity with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy	0.075	3.00	40		40	
MPC	57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach	0.108	4.88	45		45	

Magnitude Estimation Comparison to other recently reviewed ZZZ codes

RUC	CPT	DESC	IWPUT	RVW	Total	Pre	Intra	Post
2014	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	0.088	2.65	30		30	
2014	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	0.088	2.65	30		30	
2010	43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty)	0.074	2.95	40		40	
2013	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	0.098	2.97	32	1	30	1
2011	32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral	0.120	3.00	25		25	
2011	32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral	0.120	3.00	25		25	
2011	32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection	0.100	3.00	30		30	
2011	32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection	0.100	3.00	30		30	
REC	19294	Preparation of tumor cavity with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy	0.075	3.00	40		40	
2011	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed	0.075	3.00	40		40	
2015	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	0.070	3.16	45		45	
2010	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural	0.114	3.18	40	15	25	
2013	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar	0.077	3.47	45		45	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 192X1 in conjunction with 19301 or 19302)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19499

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 surgical oncology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel consensus

Specialty general surgery Frequency 2000 Percentage 80.00 %

Specialty surgical oncology Frequency 500 Percentage 20.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel consensus

Specialty general surgery Frequency 650 Percentage 76.47 %

Specialty surgical oncology Frequency 150 Percentage 17.64 %

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:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 49327

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	192X1	**# of Respondents:**	71
Survey Code Descriptor:	Preparation of tumor cavity with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)		

Top Ref Code:	19297	**# of Respondents:**	30	**% of Respondents:**	42%
Top Ref Code Descriptor:	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	0%	37%	57%	7%

		Less	Identical	More
Overall Intensity and Complexity:				
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	3%	63%	33%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	57%	43%
	Urgency of medical decision making	0%	63%	37%
Technical Skill:		3%	53%	43%
Physical Effort:		3%	57%	40%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	20%	50%	30%
	Outcome depends on the skill and judgment of physician	0%	50%	50%
	Estimated risk of malpractice suite with poor outcome	0%	70%	30%

SS Recommendation

ISSUE: Intraoperative Radiation Therapy Applicator Procedures

TAB: 7

SOURCE	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	pre PKG	PRE EVAL	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST PKG	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	19297	Placement of radiotherapy afterloadi	30	0.050			1.72			40	ZZZ	5			30			5	ZZZ					
REF2	14302	Adjacent tissue transfer or rearrange	24	0.093			3.73			40	ZZZ	0			40			0	ZZZ					
current	19499	Unlisted procedure, breast		n/a																				
SVY	19294	Preparation of tumor cavity with plac	71	0.075	1.20	1.95	3.00	4.00	5.00	40		0	15	23	40	45	90	0		0	4	10	20	100
REC	19294	Preparation of tumor cavity with plac	71	0.075			3.00			40	ZZZ	0			40			0	ZZZ					

Tab Number: 7

Issue: Intraoperative Radiation Therapy Applicator Procedures

Code(s): 192X1

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:	Eric B. Whitacre
Print Name:	Eric Whitacre, MD, FACS
Specialty Society:	American Society of Breast Surgeons
Date:	August 20, 2016

CPT Code: 19294
Specialty Society(s): ASBrS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

******NOTE – This is a Facility-only ZZZ code. No practice expense inputs are recommended.*****

19294	**Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy** *(List separately in addition to code for primary procedure)*

Global Period: ZZZ Meeting Date: October 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: N/A

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:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G
1				REF CODE		Recommend	
2				19297		19294	
3	**Meeting Date: October 2016** **Tab: 7** **Specialty: ASBrS**	**CMS Code**	**Staff Type**	Placement of radiotherapy afterloading expandable catheter		Preparation of tumor cavity, with placement of a radiation therapy applicator for	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**ZZZ**		**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**N/A**	**0**	**N/A**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**0**		**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**0**		**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**0**		**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard Valued – Utilization over 30,000

October 2016

Bronchial Aspiration of Tracheobronchial Tree

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 RAW determined that this service would be placed on the next level of interest form to survey. Prior to surveying, the specialty societies noted that a Code Change Application (CCA) was needed. The coding change was reviewed by the CPT Editorial Panel in May 2016, in which the CPT Editorial Panel revised code 31645 by adding the "initial" and revised code 31646 to reflect "same hospital stay".

31645 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, initial
The RUC reviewed the survey results from 116 thoracic and chest physicians and recommend the following physician time components: evaluation time of 10 minutes positioning time 5 minutes, scrub/dress/wait time 10 minutes, intra-service time of 35 minutes and immediate post-service time of 15 minutes. The RUC agreed that the pre-service evaluation time should be 10 minutes, 5 minutes less than the survey median to ensure that the work of moderate sedation, which is now reported separately, is not included. The RUC also agreed that additional 4 minutes is needed to position the patient because they often need to be readjusted based on oxygenation and other factors.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 2.88 accurately accounts for the work in code 31645. To justify a work RVU of 2.88, the RUC compared the surveyed code to the top key reference code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU= 2.78, intra time= 30 minutes) and agreed that while a majority of respondents rate both services as equally complex, the surveyed code has 5 additional minutes of intra-service time and should be valued slightly higher. The RUC also considered CPT code 57156 *Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy* (work RVU= 2.69, intra time= 30 minutes) and MPC code 11043 *Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less* (work RVU= 2.70, intra time= 30 minutes) and agreed that both codes offer appropriate relative comparators to code 31645. Finally, the RUC clarified that with the transition to the new separately reported moderate sedation codes, this value, the survey 25th percentile, does not include any physician work for this separate procedure. This is reflected in the descriptions of work, which does not mention moderate sedation. **The RUC recommends a work RVU of 2.88 for CPT code 31645.**

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31646 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay

Prior to valuing this procedure, the RUC considering compelling evidence that the physician current work RVUs may be misvalued. First, the specialty noted that an anomalous relationship exists between code 31646 and the base diagnostic bronchoscopy code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU= 2.78). The current work value for code 31646 (work RVU= 2.72) is less than the current value for 31622. This is anomalous because CPT code 31646 includes all the work of a diagnostic procedure plus the additional work of the work of the pulmonary aspiration. Therefore, under no circumstances should code 31646 be valued less than the base code. Second, the specialties noted that the CPT changes to code 31646 now require that this code be performed in the inpatient hospital setting, due to the clarification of "same hospital stay" in the descriptor. This means that the typical patient will now be sicker with higher amounts of comorbidities, causing increased physician work. The RUC agreed that there is compelling evidence that the current work value for code 31646 may be misvalued.

The RUC reviewed the survey results from 113 thoracic and chest physicians and recommend the following physician time components: evaluation time of 10 minutes positioning time 5 minutes, scrub/dress/wait time 10 minutes intra-service time of 30 minutes and immediate post-service time of 15 minutes. The RUC agreed that the pre-service evaluation time should be 10 minutes, 5 minutes less than the survey median to ensure that the work of moderate sedation, which is now reported separately, is not included. The RUC also agreed that additional 4 minutes is needed to position the patient because they often need to be readjusted based on oxygenation and other factors.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 2.78 accurately accounts for the work in code 31646. To justify a work RVU of 2.78, the RUC compared the surveyed code to top key reference code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU= 2.78, intra time= 15 minutes) and noted that while there is some magnitude of additional work in 31646 compared to the reference code, the survey respondents indicated an intra-service time of 30 minutes for the surveyed code, identical to 31622. Therefore, the RUC agreed that a work RVU of 2.78 is appropriate for code 31646. The RUC also compared this code to the "initial" code just reviewed, CPT code 31645, and agreed that 31646 requires slightly less work and should be valued accordingly. Finally, as with 31645, the RUC clarified that with the transition to the new separately reported moderate sedation codes, this value, the survey 25th percentile, does not include any physician work for this separate procedure. This is reflected in the descriptions of work, which does not mention moderate sedation. **The RUC recommends a work RVU of 2.78 for CPT code 31646.**

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Practice Expense:
The Practice Expense Subcommittee reviewed the CPT changes to code 31646 and noted that it now requires that this procedure be done in the facility setting. Therefore, the non-facility direct PE inputs were completely removed from code 31646. In addition, several modifications were made now that moderate sedation will be separately reported by new CPT codes. First, the oxygen supply item was added and the moderate sedation supplies and equipment were removed completely. The RUC accepted the direct practice expense inputs as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Respiratory System** **Trachea and Bronchi** **Endoscopy** *31622* *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* *31643 with placement of catheter(s) for intracavitary radioelement application*				
▲31645	I1	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with therapeutic aspiration of tracheobronchial tree, initial ~~(eg, drainage of lung abscess)~~	000	2.88
▲31646	I2	with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay (For catheter aspiration of tracheobronchial tree with fiberscope at bedside, use 31725)	000	2.78

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✚*31654* *with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)(List separately in addition to code for primary procedure[s])*

(Use 31654 in conjunction with 31622, 31623, 31624, 31625, 31626, 31628, 31629, 31640, 31643, 31645, 31646)

Medicine
Allergy and Clinical Immunology
Pulmonary
Ventilator Management

94770 *Carbon dioxide, expired gas determination by infrared analyzer*

(For bronchoscopy, see 31622-31654)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31645 Tracking Number I1 Original Specialty Recommended RVU: **3.16**
Presented Recommended RVU: **2.88**
Global Period: 000 RUC Recommended RVU: **2.88**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 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.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's preprocedural work-up and medical records are reviewed. Communication with other professionals, the patient, and the patient's family is completed. The patient is examined to verify that the patient can undergo the procedure. The identity of the patient and the procedure to be performed are verified in accordance with The Joint Commission regulations. The details of the procedure are reviewed with the patient or family, including possible complications, and informed consent is obtained. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and used where appropriate. Leads for monitoring blood pressure, pulse, electrocardiogram (ECG), end-tidal carbon dioxide (ETCO2), and oxygen saturation (SpO2) are applied to the patient and monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. A topical anesthetic is administered through a nebulizer. An intravenous (IV) line is placed and a saline infusion is started. A surgical "time out" is performed with the team. Staff, under the supervision of the physician monitors for pulse, respiratory rate, SPO2, end-tidal carbon dioxide (ETCO2), blood pressure, O2 and ECG.

Description of Intra-Service Work: Physician evaluates for the appropriate topical anesthesia and moderate sedation, oxygen evaluated to maintain normal oxygen saturations throughout procedure. A flexible bronchoscope is inserted through the mouth or nostril to visualize the upper airways to the vocal cords. The vocal cords are observed for function. The bronchoscope is then advanced into the trachea. All of the airways are inspected. Secretions are identified and aspirated. All segments of the lung are visualized and each segment is aspirated as needed to clear secretions. 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 immendiatly post-endoscopy to ascertain that no complications such as desaturation or respiratory failure has occurred.

Description of Post-Service Work: The patient's blood pressure, respiratory rate, pulse, ECG, ETCO2 and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is generated and completed. The microbiology and pathology requisition form(s) are completed. The specimens are labeled and the physician confirms the accuracy. The results of the procedure, how the patient did during the procedure, and the patient's

current condition are explained to the patient's family. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and the patient's family. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite. When the results from the microbiology and pathology results have been finalized, the patient is contacted, the results are delivered, and plans for therapy and future studies are discussed with the patient and finalized. Communicate the results with the referring physician and includes discussions with additional consultants as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (CHEST)				
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)				
CPT Code:	31645				
Sample Size:	10885	**Resp N:**	116	**Response:** 1.0 %	
Description of Sample:	Random survey of both ATS and CHEST membership.				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**20.00**	33.00	150.00
Survey RVW:	1.00	2.88	**3.18**	3.50	5.25
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	8.00	20.00	**35.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31645	**Recommended Physician Work RVU: 2.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**19.00**	**-9.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
31622	000	2.78	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	64,158

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.18	**RUC Time**	2,880,608

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.

Other Reference CPT Code	Global	Work RVU	Time Source
52332	000	2.82	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (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:** 43.9 **%**

Number of respondents who choose 2nd Key Reference Code: 35 **% of respondents:** 30.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 31645	Top Key Reference CPT Code: 31622	2nd Key Reference CPT Code: **31625**
Median Pre-Service Time	25.00	21.00	23.00
Median Intra-Service Time	35.00	30.00	35.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**75.00**	**66.00**	**73.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.04	-0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.16	-0.09
Urgency of medical decision making	0.78	0.89

Technical Skill/Physical Effort (Mean)

Technical skill required	0.18	0.11
Physical effort required	0.37	0.63

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.43	-0.06
Outcome depends on the skill and judgment of physician	0.33	0.17
Estimated risk of malpractice suit with poor outcome	0.20	0.06

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.37	0.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2015, the AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on the 2014 Medicare claims data and CPT code 31645 was identified. CPT 31646 was identified as part of the family. 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. ATS and CHEST believe that CPT 31645 and 31646 require revisions that would be of benefit to any survey taker for these services.

CPT Outcome

The CPT Panel modified these codes as follows: 1) removing the example "(eg, drainage of lung abscess)" in code 31645; 2) substituting the originally requested "same day or" with "same hospital stay" for code 31646 3) revising the parenthetical following code 31646 by adding "with fiberscope"; 4) deleting the second parenthetical after code 31646; and 5) removing code 31646 from the parenthetical following code 94770. Of importance, ATS and CHEST argued and still believe, that the work of 31645 and 31646 are so similar that they did not warrant two separate CPT codes. the CPT panel did not agree. ATS and CHEST conducted the survey for the two recently revised CPT codes 31645 and 31646.

Survey Results & ATS/CHEST Recommendations:

CPT 31645

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 116 responses to this code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 20 studies per year among the 116 respondents is a reasonable rate given the RUC database volume for 2015 is 31,949 for this procedure.

- 93% of respondents found the vignette to be typical.
- 89% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 80% of the respondents said that this service was not provided in the office setting.

For both the CPT 31645 and the CPT 31646, survey the participants both chose the same two Key Reference Service codes, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* and CPT 31625 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites.*)

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Compelling Evidence Discussion:
The current physician work RVU for CPT code 31622 is 2.78. This was an outcome of the January 2015 RUC recommendation to which CMS agreed. CPT 31646 has a current Harvard physician work value of 2.72. We are arguing for compelling evidence due to rank order anomaly, as the current value of CPT 31646 should not be less than the value of the basic bronchoscopy procedure code 31622. As noted earlier, our joint societies believed that CPT 31646 should be deleted and this would have eliminated the rank order issue. However, maintaining CPT 31646, has maintained a rank order anomaly. Therefore, we request the RUC recognize our compelling evidence argument.

Time:
The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by (-4) minutes consistent with the survey median and added 9 minutes to the standard positioning time. We adjusted the pre service scrub, dress and wait time from the package 5 to the median 10. The addition of the (total of 10 minutes) minutes is supported by the survey median of 10 minutes and consistent with some increases for positioning for RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by 10 minutes consistent with our survey median time of 15 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 35 minutes accurately reflects the time required to perform this service today and is consistent with the current median time of CPT 31622. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 35 minutes with (15, 10, 10 total 35) pre and 15 post time for CPT 31645.

Work:

Survey respondents estimated CPT 31645 at a median work RVW of 3.18 consistent with the current work RVW of 3.16, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.78) to have all higher measures including overall time intensity complexity and CPT 31625 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites.*) (RVW 3.36) to have a lower time work intensity and complexity, skill and psychological stress than 31645. The expert panel reviewed the intensity complexity measures and agreed with the survey respondents that the urgency of medical decision making, the technical skill and the physician effort for CPT 31645 is greater than CPT 31622.

The expert panel compared 31645 to two MPC codes CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.78, times 21-30-15 total time 66 minutes) and CPT 31625 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites.*), (RVW 3.36, times 23-35-15, total 73 min). We believe these procedures along with our survey result support maintaining the current relative value.

In summary, we recommend maintaining the current RVW of 3.16 for 31645 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 35 minutes, intra service time 35 minutes and post time 15 minutes.

After RUC discussion, we recommend maintaining the 25 percentile survey RVW of 2.78 for 31645 with our median times per the survey adjusted per the preservice packages modifying positioning and moderate sedation removal for a pre service total time 25 minutes, intra service time 35 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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. 25% of time seen with Hospital Visit E/M services.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31645

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Commonly

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 95847
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. three times the medicare volume

Specialty Pulmonary Frequency 66134 Percentage 68.99 %

Specialty Critical Care Frequency 11502 Percentage 12.00 %

Specialty Internal Medicine Frequency 7668 Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 31,949 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 2015 early data

Specialty Pulmonary Frequency 22045 Percentage 69.00 %

Specialty Critical Care Frequency 3834 Percentage 12.00 %

Specialty Internal Medicine Frequency 2556 Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31645

If this code is a new/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:31646 Tracking Number I2 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: 000 RUC Recommended RVU: **2.78**

CPT Descriptor: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man, who previously underwent bronchoscopy for obstructing secretions during the current hospitalization, develops new or recurrent signs of respiratory compromise, retained secretions and atelectasis. Bronchoscopy is performed again for the clearance of secretions.

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%

Description of Pre-Service Work: The patient's preprocedural work-up and medical records are reviewed. Communication with other professionals, the patient, and the patient's family is completed. The patient is examined to verify that the patient can undergo the procedure. The identity of the patient and the procedure to be performed are verified in accordance with The Joint Commission regulations. The procedure is reviewed with the patient or family, all whom are familiar from the initial procedure, including possible complications, and informed consent is obtained. The patient is brought into the bronchoscopy suite and is positioned for bronchoscopy. Need for respiratory isolation procedures are assessed and used where appropriate. Leads for monitoring blood pressure, pulse, electrocardiogram (ECG), end-tidal carbon dioxide (ETCO2), and oxygen saturation (SpO2) are applied to the patient and monitored continuously throughout the procedure. Oxygen via nasal cannula is begun. A topical anesthetic is administered through a nebulizer. An intravenous (IV) line is placed and a saline infusion is started. A surgical "time out" is performed with the team. Staff, under the supervision of the physician monitors for pulse, respiratory rate, SPO2, end-tidal carbon dioxide (ETCO2), blood pressure, O2 and ECG.

Description of Intra-Service Work: Physician evaluates for the appropriate topical anesthesia and moderate sedation, oxygen evaluated to maintain normal oxygen saturations throughout procedure. A flexible bronchoscope is inserted through the mouth or nostril to visualize the upper airways to the vocal cords. The vocal cords are observed for function. The bronchoscope is then advanced into the trachea. All of the airways are inspected. Secretions are identified and aspirated. All segments of the lung are visualized and each segment is aspirated as needed to clear secretions. 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 immendiatly post-endoscopy to ascertain that no complications such as desaturation or respiratory failure has occurred.

Description of Post-Service Work: The patient's blood pressure, respiratory rate, pulse, ECG, ETCO2 and SpO2 are monitored. Oxygen is continued to maintain normal oxygen saturations. The bronchoscopy report is generated and completed. The microbiology and pathology requisition form(s) are completed. The specimens are labeled and the physician confirms the accuracy. The results of the procedure, how the patient did during the procedure, and the patient's

current condition are explained to the patient's family. Once the patient is awake, the bronchoscopy findings are discussed with the patient. Orders for when the patient can drink or eat are given to the patient and the patient's family. Once the patient has stable vital signs and feels well enough to leave, the patient is discharged from the bronchoscopy suite. When the results from the microbiology and pathology results have been finalized, the patient is contacted, the results are delivered, and plans for therapy and future studies are discussed with the patient and finalized. Communicate the results with the referring physician and includes discussions with additional consultants as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Katina Nicolacakis MD (ATS), Alan Plummer, MD (ATS), Robert DeMarco, MD (CHEST) and Kevin Kovitz, MD (CHEST)		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	31646		
Sample Size:	10885	**Resp N:** 113	**Response:** 1.0 %
Description of Sample:	Random survey of both ATS and CHEST membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	100.00
Survey RVW:	0.75	2.78	**3.00**	3.36	6.25
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	7.00	20.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	31646	**Recommended Physician Work RVU: 2.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**19.00**	**-9.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31622	000	2.78	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	64,158

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.18	**RUC Time**	2,880,608

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.

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: 57 **% of respondents:** 50.4 **%**

Number of respondents who choose 2nd Key Reference Code: 28 **% of respondents:** 24.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31646	Top Key Reference CPT Code: 31622	2nd Key Reference CPT Code: **31625**
Median Pre-Service Time	25.00	21.00	23.00
Median Intra-Service Time	30.00	30.00	35.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**66.00**	**73.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	-0.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.16	-0.46
Urgency of medical decision making	0.58	0.64

Technical Skill/Physical Effort (Mean)

Technical skill required	0.18	0.00
Physical effort required	0.33	0.57

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.39	-0.11
Outcome depends on the skill and judgment of physician	0.42	-0.04
Estimated risk of malpractice suit with poor outcome	0.30	-0.04

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.35	0.21

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2015, the AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on the 2014 Medicare claims data and CPT code 31645 was identified. CPT 31646 was identified as part of the family. 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. ATS and CHEST believe that CPT 31645 and 31646 require revisions that would be of benefit to any survey taker for these services.

CPT Outcome

The CPT Panel modified these codes as follows: 1) removing the example "(eg, drainage of lung abscess)" in code 31645; 2) substituting the originally requested "same day or" with "same hospital stay" for code 31646 3) revising the parenthetical following code 31646 by adding "with fiberscope"; 4) deleting the second parenthetical after code 31646; and 5) removing code 31646 from the parenthetical following code 94770. Of importance, ATS and CHEST argued and still believe, that the work of 31645 and 31646 are so similar that they did not warrant two separate CPT codes. The CPT panel did not agree. ATS and CHEST conducted the survey for the two recently revised CPT codes 31645 and 31646.

Survey Results & ATS/CHEST Recommendations:

CPT 31646

A joint multi-society expert panel from the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST) herein referred to as the ATS/CHEST expert panel, convened for a call and over subsequent e-mail to review and discuss the survey results. The ATS/CHEST panel was pleased that there were a total of 113 responses to this code family survey request. The survey pool was a standard random sample from both societies de-duplicating the members so any potential participant only received one survey request. The survey performance rate median of 10 studies per year among the 113 respondents is a reasonable rate given the RUC database volume for 2015 is 4,255 for this procedure.

- 97% of respondents found the vignette to be typical.
- 89% of respondents said that this service was typically performed in the Hospital ASC setting with moderate sedation.
- 80% of the respondents said that this service was not provided in the office setting.

For both the CPT 31645 and the CPT 31646, survey the participants both chose the same two Key Reference Service codes, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* and CPT 31625 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites.*)

Based on these observations and the rest of the survey results, the expert panel is recommending the following with respect to physician time and work.

Compelling Evidence Discussion:
The current physician work RVU for CPT code 31622 is 2.78. This was an outcome of the January 2015 RUC recommendation to which CMS agreed. CPT 31646 has a current Harvard physician work value of 2.72. We are arguing for compelling evidence due to rank order anomaly, as the current value of CPT 31646 should not be less than the value of the basic bronchoscopy procedure code 31622. As noted earlier, our joint societies believed that CPT 31646 should be deleted and this would have eliminated the rank order issue. However, maintaining CPT 31646, has maintained a rank order anomaly. Therefore, we request the RUC recognize our compelling evidence argument.

Time:
The ATS/CHEST panel chose pre-service package 1b-FAC straightforward patient procedure with sedation/anesthesia. We reduced the pre-service evaluation time by nine minutes consistent with the survey median and added nine minutes to the standard positioning time. We adjusted the pre service scrub, dress and wait time from the package 5 to the median 10. The addition of the (total of 5 minutes) minutes is supported by the survey median of 10 minutes and consistent with increases for positioning for RUC approved colonoscopy positioning times to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring. The ATS/CHEST panel chose post service package 8A IV sedation/simple procedure adjusting by 10 minutes consistent with our survey median time of 25 minutes.

The ATS/CHEST expert panel agreed that the survey median intra-service time of 35 minutes accurately reflects the time required to perform this service today and is consistent with the current median time of CPT 31622. After review of the survey data in total and relativity between the family of codes, the expert panel is recommending our survey median intra-service time of 30 minutes with (10, 10, 10 total 30) pre and 15 post time for CPT 31646.

Work:

Survey respondents estimated CPT 31646 at a median work RVW of 3.00 consistent with relativity to 31645 and more than the current work RVW of 2.72, based on a comparison to the top two key reference services. The survey results supports the top two reference service codes chosen by the survey respondents, CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.78) to have all higher measures including overall time intensity complexity and CPT 31625 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites.*) (RVW 3.36) to have a lower time work intensity and complexity, skill and psychological stress than 31645. The expert panel reviewed the intensity complexity measures and agreed with the survey respondents that the urgency of medical decision making, the technical skill and the physician effort for CPT 31646 is greater than CPT 31622.

The expert panel compared 31646 to two MPC codes CPT 31622 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure))* (RVW 2.78, times 21-30-15 total time 66 minutes) and CPT 31625 (*Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites.*), (RVW 3.36, times 23-35-15, total 73 min). We believe these procedures along with our survey result support the median survey value of 3.00 and maintains relativity within the bronchoscopy family.

In summary, we are recommending the median survey RVW of 3.00 for 31646 with our median times per the survey adjusted per the preservice packages as noted earlier for a pre service total time 30 minutes, intra service time 30 minutes and post time 15 minutes.

After RUC discussion, we are recommending the 25 percentile of the survey RVW of 2.78 for 31646 with our median times per the survey adjusted per the preservice packages and taking out time for moderate sedation and positioning, as noted earlier for a pre service total time 25 minutes, intra service time 30 minutes and post time 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 40% of time with Hospital Visit E/M services.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one 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) 31646

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary How often? Commonly

Specialty Critical Care How often? Commonly

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 12765
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. three times the medicare volume

Specialty Pulmonary Frequency 8297 Percentage 64.99 %

Specialty Critical Care Frequency 1659 Percentage 12.99 %

Specialty Internal Medicine Frequency 1021 Percentage 7.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,255
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 2015 early data

Specialty Pulmonary Frequency 2766 Percentage 65.00 %

Specialty Critical Care Frequency 533 Percentage 12.52 %

Specialty Internal Medicine Frequency 340 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:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31646

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	31645	**# of Respondents:**	116
Survey Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial		

Top Ref Code: 1	31622	**# of Respondents:**	51	**% of Respondents:**	44%
Top Ref Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	10%	49%	35%	6%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	29%	41%	29%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	14%	57%	29%
	Urgency of medical decision making	6%	29%	65%
Technical Skill:		10%	65%	25%
Physical Effort:		2%	63%	35%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	12%	43%	45%
	Outcome depends on the skill and judgment of physician	14%	43%	43%
	Estimated risk of malpractice suite with poor outcome	22%	47%	31%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	31645	**# of Respondents:**	116
Survey Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial		

Top Ref Code: 2	31625	**# of Respondents:**	35	**% of Respondents:**	30%
Top Ref Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	14%	40%	37%	9%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	46%	31%	23%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	29%	60%	11%
	Urgency of medical decision making	6%	23%	71%
Technical Skill:		29%	40%	31%
Physical Effort:		3%	46%	51%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	37%	37%	26%
	Outcome depends on the skill and judgment of physician	11%	66%	23%
	Estimated risk of malpractice suite with poor outcome	20%	60%	20%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	31646	**# of Respondents:**	113
Survey Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay		

Top Ref Code: 1	31622	**# of Respondents:**	57	**% of Respondents:**	50%
Top Ref Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)				

		Survey Code Compared to Top Ref Code Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	14%	43%	39%	5%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		47%	33%	19%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		28%	54%	18%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		16%	28%	56%		
Technical Skill:		**Less**	**Identical**	**More**		
		11%	63%	26%		
Physical Effort:		**Less**	**Identical**	**More**		
		7%	58%	35%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		9%	49%	42%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		9%	44%	47%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		18%	44%	39%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	31646	**# of Respondents:**	113
Survey Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay		

Top Ref Code: 2	31625	**# of Respondents:**	28	**% of Respondents:**	25%
Top Ref Code Descriptor:	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	21%	43%	29%	7%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	54%	36%	11%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	50%	43%	7%
	Urgency of medical decision making	7%	32%	61%
Technical Skill:		29%	43%	29%
Physical Effort:		0%	50%	50%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	36%	39%	25%
	Outcome depends on the skill and judgment of physician	14%	75%	11%
	Estimated risk of malpractice suite with poor outcome	18%	71%	11%

ISSUE: Bronchial Aspiration of Tracheobronchial Tree (BATT)

TAB: 8 Revised 10-7-2016

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
44%	1st REF	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	51	0.0682			2.78			66	13	3	5			30			15					
30%	2nd REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	35	0.074			3.36			73	15	3	5			35			15					
	CURRENT	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)		0.049			3.16			106	22		25			43			16					
93%	SVY	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	116	0.063	1.00	2.88	3.18	3.50	5.25	85	15	10	10	8	20	35	35	60	15	0	10	20	33	150
Tracking Code I1	REC	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial		0.061			2.88			75	10	5	10			35			15					

Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
50%	1st REF	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	57	0.0682			2.78			66	13	3	5			30			15					
25%	2nd REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	28	0.074			3.36			73	15	3	5			35			15					
	CURRENT	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent		0.056			2.72			91	17		25			31			18					
97%	SVY	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	113	0.067	0.75	2.78	3.00	3.36	6.25	80	10	10	10	7	20	30	35	60	20	0	5	10	25	100
Tracking Code I2	REC	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay		0.068			2.78			70	10	5	10			30			15					

____8_____
Tab Number

Bronchial Aspiration of Tracheobronchial Tree (BATT)
Issue

31645 & 31646
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

Robert DeMarco, MD_____
Printed Signature

American College of Chest Physicians _(CHEST)_____
Specialty Society

September 1, 2016_____
Date

____8_____
Tab Number

Bronchial Aspiration of Tracheobronchial Tree (BATT)
Issue

31645 & 31646
Code Range

Attestation Statement

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_____
Signature

Alan Plummer, MD_____
Printed Signature

American Thoracic Society_(ATS)_____
Specialty Society

September 1, 2016_____
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT, Global and Long Descriptor:

CPT	Global	Long Description
31645	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial
31646	000	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay

Meeting Date: **October 2016** **revised 10-5-2016**

All inputs for 31646 were removed as the CPT code description specifies this code is for the same hospital stay so it cannot be used in the non-facility setting.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **The ATS and CHEST convened a consensus panel via telephone and email to develop the inputs for this code.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.
Reference Code Rationale: The surveying societies supplied the existing codes and values as references, additionally a recently surveyed and PE reviewed CPT code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* is also used as a reference since for aspiration services, would be performing this service. To be clear, a provider cannot bill 31622 in addition, as 31622 is inherent as part of any performed bronchoscopy.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
Lines: 12 to 16 when decision for service is made, rationale. "While many of these procedure are performed in the facility setting, if done in non-facility setting the coordination to set up appointments is similar to bronchoscopy and would be typical for that setting, therefore we cross walked to 31622 times.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Details of the requested increases over the current:
(Line 30) Increased time, consistent with the physician work from survey time.
(Line 38) Increased time, consistent with time for 31622 to allow for requisitions for specimens.
(Line 75) As per the current guidelines noted in our compelling evidence during the January 2015 PE meeting, the national standard is 5L/M and based on the time from our survey the use of oxygen was added or increased consistent with the physician time and standard.
(Line 69) removed input as this is insufficient volume to provide service.
(Line 70) Added one unit of the correct volume of sodium chloride 0.9% inj (250-1000ml uou)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Hospital outpatient and ASC admission and pre-procedural work-up, review of records, communication with other professionals, patient and family.
- Obtain informed consent.
- Obtain vital signs. (height, weight, temperature, respiratory rate, pulse rate/ regularity, supine BP, O2 Sat)
- Provide preservice education about the bronchoscopy.
- Dress in gown, non-sterile gloves and eye shield before the procedure. Don lead apron for fluoroscopic guidance, if used. It is not typical for CPT codes 31645 and 31646.
- Prepare room, equipment, supplies and scope.
- Prepare and position the patient and equipment, following instructions by the physician, as noted in the SoR for physician work two additional minutes are necessary for **Positioning**: Addition of 2 minutes (3 min total) to account for positioning the patient, to allow the RN/RT to place an IV, and video/scope equipment to allow access for the procedure and patient monitoring. (Note: The patient may not require moderate sedation, however, the patient will be monitored post procedure.)
- The RN/RT also verifies the identity of the patient and the procedure to be performed in accord with JCAHO regulations.

Intra-Service Clinical Labor Activities:

- The patient is placed by the RN/RT on supplemental oxygen in the bronchoscopy suite which has resuscitative equipment in place.
- The physician supervises the nebulized administration of inhaled topical anesthesia.
- The physician next applies local topical anesthesia to the oropharynx and nasopharynx.

Post-Service Clinical Labor Activities:

- The RN/RT checks dressings, coordinates discharge, provides home care instructions, completes diagnostic forms, lab requisitions for specimens and a chest x-ray requisition.
- The RN/RT Cleans scope(s).
- The RN/RT examines the patient post-bronchoscopy and pre-discharge from the facility to ascertain that no complications, such as bleeding, mucus plugging, or shortness of breath have occurred.
- The RN/RT informs the patient and explains to the family the previous instructions about post-procedure complications.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE		Current				Current			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**31622** *Reviewed by RUC and accepted by CMS Jan 2015 and Jan 2016*		**31645**		***Revised* CPT 31645**		**31646**		***Revised* CPT 31646** **Note new CPT does not allow code to be billed in Non Facility setting**	
3	**Meeting Date: October 2016** **Tab: 8 Bronchial Aspriation of Tracheobronchial Tree (BATT)** **Specialties: ATS and CHEST Revised 10-6-2016**	**CMS Code**	**Staff Type**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**150.0**	**16.0**	**150.0**	**15.0**	**108.0**	**16.0**	**135.0**	**15.0**	**0.0**	**16.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**16.0**	**16.0**	**15.0**	**15.0**	**16.0**	**16.0**	**15.0**	**15.0**	**0.0**	**16.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**134.0**	**0.0**	**135.0**	**0.0**	**92.0**	**0.0**	**120.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**0**	**5**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**0**	
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**2**	**2**	**3**	**3**	**2**	**2**	**0**	**3**
17	Other Clinical Activity - *specify:*												
18	**End: When patient enters office/facility for surgery/procedure**												
19	**SERVICE PERIOD**												
20	**Start: When patient enters office/facility for surgery/procedure:**												
21	Greet patient, provide gowning, ensure appropriate medical records are available	L047C	RN/RT	**3**		**5**		**3**		**5**		**0**	
22	Obtain vital signs	L047C	RN/RT	**5**		**5**		**5**		**5**		**0**	
23	Provide pre-service education/obtain consent												
24	Prepare room, equipment, supplies	L047C	RN/RT	**2**		**2**		**2**		**2**		**0**	
25	Setup scope (non facility setting only)	L047C	RN/RT	**5**		**5**		**5**		**5**		**0**	
26	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/RT	**2**		**2**		**2**		**2**		**0**	
27	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**0**		**2**		**0**	
28	Other Clinical Activity - specify: Assist Physician Moderate Sedation- *(Added to allow matching times to RUC database)*	L047C	RN/RT	**30**		**43**		**0**		**31**		**0**	
29	**Intra-service**												
30	Assist physician in performing procedure	L047C	RN/RT	**30**		**13**		**35**		**10**		**0**	
31	**Post-Service**												
32	monitor pt. following moderate sedation *(for reference codes only)*	L051A	RN	**15**		**20**		**0**		**20**		**0**	
33	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4												
34	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1												
35	Clean room/equipment by physician staff	L047C	RN/RT	**3**		**3**		**3**		**3**		**0**	
36	Clean Scope	L047C	RN/RT	**30**		**30**		**30**		**30**		**0**	
37	Clean Surgical Instrument Package												
38	Complete diagnostic forms, lab & X-ray requisitions	L047C	RN/RT	**4**		**2**		**4**		**2**		**0**	
39	Review/read X-ray, lab, and pathology reports												

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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L047C	RN/RT	**3**		**3**		**3**		**3**		**0**	

	A	B	C	D	E	F	G	H	I	J	K	L	M
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
46	**POST-SERVICE Period**												
47	**Start: Patient leaves office/facility**												
48	Conduct phone calls/call in prescriptions												
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	**End: with last office visit before end of global period**												
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**										
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**0**	
60	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**		**1**		**1**		**0**	
61	pack, moderate sedation	SA044	pack	**1**		**1**		**0**		**1**		**0**	
62	syringe 10-12ml	SC051	item	**2**		**2**		**2**		**2**		**0**	
63	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**0**	
64	suction specimen trap, sterile	SD121	item	**2**		**1**		**1**		**1**		**0**	
65	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**2**		**2**		**2**		**2**		**0**	
66	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**40**		**40**		**40**		**40**		**0**	
67	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml	**5**		**5**		**5**		**5**		**0**	
68	lidocaine 4% soln, topical (Xylocaine)	SH050	ml	**20**		**20**		**20**		**20**		**0**	
69	sodium chloride 0.9% inj (10ml uou)	SH066	item	**1**		**1**		**0**		**1**		**0**	
70	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**0**		**0**		**1**		**0**		**0**	
71	basin, emesis	SJ010	item	**1**		**1**		**1**		**1**		**0**	
72	denture cup	SJ016	item	**1**		**1**		**1**		**1**		**0**	
73	cup, biopsy-specimen sterile 4oz	SL036	item	**2**		**2**		**2**		**2**		**0**	
74	eye shield, splash protection	SM016	item	**2**		**2**		**2**		**2**		**0**	
75	gas, oxygen	SD084	**liter**	**150**				**175**				**0**	
76	**EQUIPMENT**	**CODE**											
77	fiberscope, flexible, bronchoscopy	ES017	Add Rows 25, 26, 30, 36	**71**	**0**	**89**		**72**		**84**		**0**	
78	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031	Add Rows 24, 26, 30, 35	**41**	**0**	**89**		**42**		**84**		**0**	
79	suction machine (Gomco)	EQ235	21 to 40 minus 25 and 36	**36**	**0**	**89**		**57**		**0**		**0**	
80	IV infusion pump	EQ032	21 to 40 minus 25 and 36	**92**	**0**	**105**		**57**		**93**		**0**	
81	ECG, 3-channel (with SpO2, NIBP, temp, resp) *(moderate sedation backed out)*	EQ011	21 to 40 minus 25 and 36	**92**	**0**	**105**		**0**		**93**		**0**	
82	CO2 respiratory profile monitor	EQ004	21 to 40 minus 25 and 36	**36**	**0**	**0**		**57**		**0**		**0**	
83	table, power	EF031	21 to 40 minus 25 and 36	**41**	**0**	**89**		**57**		**84**		**0**	
84	Stretcher (moderate sedation backed out)	EF018	21 to 40 minus 25 and 36	**89**	**0**	**0**		**0**		**0**		**0**	
85	table, instrument, mobile	EF027	21 to 40 minus 25 and 36	**92**	**0**	**105**		**57**		**93**		**0**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2016

Laparoscopic Total Pelvic Lymphadenectomy

The CPT Editorial Panel created a new code to describe the laparoscopic bilateral total pelvic lymphadenectomy at their May 2016 meeting.

38573 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed
The RUC reviewed the survey data from 65 gynecology and oncology physician providers and recommends the survey 25th percentile work RVU of 20.00. The RUC recommends the following physician time: pre-service time of 68 minutes, intra-service time of 180 minutes, and immediate post-service time of 30 minutes with a half day discharge day (0.5 – 99328) and two post-operative office visits (1 – 99213, 1 – 99214). The RUC compared this service to similar service 60650 *Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal* (work RVU=20.73, intra-service time of 180 minutes) and determined that both services have identical intra-service time and comparable physician work and should therefore be valued similarly. To validate a work RVU of 20.00, the RUC compared the survey code to top key reference code 38572 *Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple* (work RVU=15.60, intra-service time of 120 minutes) and noted that the reference code has lower intra-service time, and the survey respondents indicated that the survey code is somewhat to much more intense to perform, further justifying this valuation.

The RUC discussed the limited services with 010 day global periods and thus comparison to other major procedures with 010 global periods is difficult, however, the IWPUT is consistent with other major procedures. The typical patient has had a prior recent hysterectomy and the physician is concerned about injuring bowel and blood vessels while accessing the peritoneal cavity. Techniques such as an open approach (Hasson), or insertion of the verees needle and trocar in the left upper quadrant is considered. Additional adhesions are universally encountered, including inflammation related to the recent procedure. After development of appropriate spaces, and completion of the lymphadenectomy, the physician must bring the omentum into view. An omentectomy is challenging given the course of the transverse colon from the hepatic flexure to the splenic flexure. Attachments to the colon need to be taken down carefully to ensure the physician does not cause traumatic or thermal injury to the bowel. The lesser sac is eventually entered and then attachments just below the greater curvature of the stomach are taken down and the vessels sealed and cut. The physician must ensure avoidance of the vasculature in the splenic hilum as well as tearing of the splenic capsule. Finally, extraction of the omentum requires a larger incision than typically required for lymph nodes and hence a minilaparotomy is almost always necessary. Given the comparison codes and intensity of this service, the RUC determined the 25th percentile of the survey results accurately reflects the work of this service. **The RUC recommends a work RVU of 20.00 for CPT code 38573.**

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Practice Expense:
The Practice Expense Subcommittee reviewed the recommended equipment for this procedure and agreed that it was not typical to have EQ170 *light, fiberoptic headlight w-source*. The Subcommittee agreed to add the standard exam light (EQ168). In addition, the pelvic exam pack supply item SA051 was added. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●38573	J1	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed (Do not report 38573 in conjunction with 38562, 38564, 38570, 38571, 38572, 38589, 38770, 38780, 49255, 49320, 49326, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554)	010	20.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:38573 Tracking Number J1 Original Specialty Recommended RVU: **24.00**
Presented Recommended RVU: **20.00**
Global Period: 010 RUC Recommended RVU: **20.00**

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female has undergone a laparoscopic hysterectomy and bilateral salpingo-oophorectomy for what was thought to be a benign ovarian mass. Subsequently, the final pathology showed a grade 1 ovarian cancer. The patient was counseled about her risks of recurrence and was offered a laparoscopic surgical staging of the ovarian malignancy.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 20%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 31%

Description of Pre-Service Work: The history and physical exam are reviewed and updated. Medicine reconciliation is performed. Labs, imaging studies, and biopsies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks and patient's known allergies. The method and timing of DVT prophylaxis is considered and implementation is assured. The procedure is verified with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The appropriate images are displayed in the operating room. Following induction of anesthesia a second IV is inserted. The patient is placed safely in dorsal lithotomy position. The arms are wrapped in foam and safely tucked alongside the body and all joints are inspected to prevent nerve compression. A tilt test is performed to verify the patient will tolerate maximum trendelenberg from a cardiopulmonary status and physical positioning. There is verification that the IVs, arterial-line, pulse oximetry and blood pressure monitoring are functioning with the arms tucked. The patient is placed back into a horizontal position. An oral-gastric tube is placed to decompress the stomach. The face and eyes are protected with pads or shields. The extent of surgical prep is delineated. Physician scrubs. The surgical timeout is performed. The patient is draped.

Description of Intra-Service Work: A bimanual and rectovaginal exam is performed under anesthesia to assess nodularity in the cul de sac or pelvic masses. A foley catheter is inserted into the bladder. A sponge stick in placed in the vagina . A diagnostic laparoscopy is performed, 5-6 laparoscopic ports are placed in the abdomen ranging in size from 5-12mm. The patient is assessed for intra-abdominal metastases, diaphragmatic metastases and retroperitoneal adenopathy. Biopsies of any suspicious lesions are performed. Adhesions from the prior surgery involving bowel and omentum are lysed. The bowels and bowel mesentery are systematically evaluated for the presence of metastatic disease. Peritoneal cytology is obtained. Patient is placed in steep trendelenberg and the bowel is mobilized and dissected out of the pelvis. The retroperitoneum is opened bilaterally to identify the ureters, paravesical and pararectal spaces. A pelvic lymphadenectomy is performed. The nodes from the external and internal iliac, lower common illiac and obturator spaces are placed in a bag and removed separately. The peritoneum over the aorta and vena cava are opened and ureters, inferior mesenteric artery

and renal vessels are identified. Peri-aortic lymph node sampling is performed. Lymph nodes are placed in a bag and removed from the abdomen. An omentectomy is performed by dissecting it free from the transverse colon and stomach. The omentum is placed in a bag and removed through a small mini-laparotomy incision. After completing the staging, hemostasis is confirmed and the pelvis and abdomen are inspected for any injuries. The mini-laparotomy is closed. The instruments and ports are removed and all port sites are closed

Description of Post-Service Work: The oral-gastric tube is removed. The prep is washed off the skin. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery and postoperative medications are ordered and initiated. Patient condition, findings and anticipated outcome is conveyed to family members. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created and reviewed. Labeled images from procedure are transferred to the medical record. The patient is assessed again later in the day to evaluate for any post-procedural complications and the findings at surgery are discussed with the patient. The patient is assessed again the following day, laboratory studies are obtained and reviewed and the patient is assessed for appropriateness of discharge. Plans for discharge are made. Prescriptions for pain medications, DVT prophylaxis, resuming home medications and home therapy are processed. Restrictions of activities and precautions are outlined. Post-procedure follow-up is scheduled.

First Visit: Level 4 Office Visit (99214)
The patient is first seen 1-2 days post-discharge. A detailed history is performed to assess for pain, cardio-pulmonary status, return of bowel function, ileus, nausea and vomiting, bladder function and urinary retention, signs of infection or eroma, retroperitoneal bleeding, lymphedema of the groin, lower abdomen, perineum, or lower extremities, assessment for DVTs and nerve damage. Medications are reviewed. A detailed exam including vitals, neurologic status, skin for infections, musculoskeletal for DVTs, cardio-pulmonary exam, exam of perineum, GI exam for bowel function or hernias and lymphatic exam for lymphedema. Laboratory studies are ordered, reviewed and prescriptions are filled as needed.

Second Visit: Level 4 Office Visit (99214)
The patient is next seen at 7-10 days after the procedure. A detailed history is taken to review pain, bowel and bladder function, vaginal bleeding or discharge, any signs of infection, DVTs, lymphedema, lymphocysts or post-operative complications. Medications are reviewed. Chronic medical conditions are assessed for changes in the post op period. A detailed exam is performed including general appearance, vital signs, cardiopulmonary exam, GI exam for bowel function and hernias, skin to assess for infection, lymphatic exam to assess for edema of groins, lower abdomen and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed. Pathology is reviewed and timing for therapy is addressed. Prescriptions are filled as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	George A. Hill, MD, Jon Hathaway, MD, Mitch Schuster, MD, Barbara Goff, MD and Mark Shahin, MD		
Specialty(s):	Gynecology/Oncology		
CPT Code:	38573		
Sample Size:	827	**Resp N:** 65	**Response:** 7.8 %
Description of Sample:	All US, practicing members of the Society of Gynecologic Oncology		

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**8.00**	15.00	120.00
Survey RVW:	15.60	20.00	**24.00**	32.00	55.20
Pre-Service Evaluation Time:			**80.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	120.00	**180.00**	210.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38573	**Recommended Physician Work RVU: 24.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**13.00**	**3.00**	**10.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
38572	010	15.60	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), 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
38571	010	12.00	**RUC Time**	12,229

CPT Descriptor 1 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 50.7 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 30.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 38573	Top Key Reference CPT Code: 38572	2nd Key Reference CPT Code: **58548**
Median Pre-Service Time	68.00	70.00	75.00
Median Intra-Service Time	180.00	120.00	240.00
Median Immediate Post-service Time	30.00	30.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	38.00	118.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	63.0	63.00	86.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**360.00**	**321.00**	**564.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.00	0.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.03	0.85
Urgency of medical decision making	0.79	0.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.30	0.60
Physical effort required	1.33	0.65

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.06	0.85
Outcome depends on the skill and judgment of physician	1.12	0.75
Estimated risk of malpractice suit with poor outcome	0.88	0.55

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.24	0.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created a new code (38573) for reporting bilateral total pelvic lymphadenectomy, peri-aortic lymph node sampling, peritoneal biopsies, and omentectomy.

Methodology

ACOG was granted research subcommittee approval to use a mixed global period (010 and 090) reference service list.

Survey Data

ACOG received 65 completed RUC physician work surveys. The ACOG RUC workgroup reviewed the survey data and believes the median work value of 24.00 RVUs appropriately ranks this new procedure with services in OB/GYN and MPCs.

	CPT	IWPUT	wRVU	Total Time	PreTime	Intra Time	Post Time	99232	99231	99238	99214	99213	99212
Other	38570	0.067	8.49	220	53	60	30			1		1	1
Other	58661	0.087	11.35	217	55	90	30			0.5		1	
MPC	38571	0.084	12.00	250	53	90	30			1		1	1
Reference	38572	0.082	15.60	321	70	120	30			1	1	1	
SURVEY	**38573**	**0.102**	**24.00**	**377**	**68**	**180**	**30**			**0.5**	**2**		
Reference	58548	0.089	31.63	585	76	240	45	1	2	1	1	2	

Positioning Time

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. The society also requests 5 additional minutes of positioning time, for a total of 13 minutes. The additional 5 minutes are needed because an additional IV is placed since anesthesia will not have access to the arms. The arms are carefully wrapped in foam and confirmed to be in a neutral position. The arms are tucked along the side of the

abdomen. Confirmation that IV lines, BP cuff and pulse oximetry are functioning with the arms tucked is required. Confirmation that no compression of nerves in the arms, hands, legs and feet is also performed. The patient is then placed into steep trendelenberg to confirm that there is no compromise to the patient's cardiopulmonary function in this position. Once it is confirmed that steep trendelenberg position is well tolerated, the patient is placed back into a horizontal position. A naso gastric tube is placed to decompress the stomach. The face and eyes are padded or shielded to prevent injury

Intensity
The society is recommending an IWPUT of 0.102 for this new procedure. The society has limited services with 010 day global periods and thus comparison to other major procedures with 010 global periods is difficult. However, they believe this IWPUT is consistent with other major procedures.

This patient has had a prior recent hysterectomy and the physician has to be concerned about injuring bowel and blood vessels while accessing the peritoneal cavity. Techniques such as an open approach (Hasson), or insertion of the verees needle and trocar in the LUQ can be considered. Additional adhesions are universally encountered, including inflammation related to the recent procedure. After development of appropriate spaces, and completion of the lymphadenectomy, one has to bring the omentum into view. Omentectomy is challenging given the course of the transverse colon from the hepatic flexure to the splenic flexure. Attachments to the colon need to be taken down carefully to ensure one does not cause traumatic or thermal injury to the bowel. The lesser sac is eventually entered and then attachments just below the greater curvature of the stomach need to be taken down, vessels sealed and cut. As you get closer to the splenic flexure, one needs to ensure avoidance of the vasculature in the splenic hilum as well as tearing of the splenic capsule. Finally, extraction of the omentum requires a larger incision than typically required for lymph nodes and hence a minilaparatomy is almost always necessary.

Post Operative Visits
The society is requesting two level four office visits for this procedures, supported by survey data.

First Visit: Level 4 Office Visit (99214)
The patient is first seen 1-2 days post-discharge. A detailed history is performed to assess for pain, cardio-pulmonary status, return of bowel function, ileus, nausea and vomiting, bladder function and urinary retention, signs of wound hematoma or seroma, retroperitoneal bleeding, lymphedema of the groin, lower abdomen, perineum, or lower extremities, and assessment for DVTs and nerve damage. Medications are reviewed. A detailed exam including vital signs, neurologic status, skin for hematoma or seroma, lower extremity exam for DVTs, cardio pulmonary exam, exam of perineum for edema and bruising, GI exam for bowel function or hernias and lymphatic exam for lymphedema. Laboratory studies are ordered, reviewed and prescriptions are filled as needed.

Second Visit: Level 4 Office Visit (99214)
The patient is next seen at 7-10 days after the procedure. A detailed history is taken to review pain, bowel and bladder function, vaginal bleeding or discharge, any signs of infection, DVTs, lymphedema, lymphocysts or post-operative complications. Medications are reviewed. Chronic medical conditions are assessed for changes in the post op period. A detailed exam is performed including general appearance, vital signs, cardiopulmonary exam, GI exam for bowel function and hernias, skin to assess for infection, lymphatic exam to assess for edema of groins, lower abdomen and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed. Pathology is reviewed and timing for therapy is addressed. Prescriptions are filled as needed.

Recommendation
The specialty society is recommending 24.00 work RVUs for this new procedure with a total time of 377 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 38572 and 49329

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 Gynecology/Oncology How often? Commonly

Specialty Obstetrics/Gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty GynecologyOncology Frequency 5950 Percentage 85.00 %

Specialty ObstetricsGynecology Frequency 1050 Percentage 15.00 %

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? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 40% of the ovarian cancers are in the Medicare population. However, given the utilization of the unlisted code 49329, under current reporting mechanisms only roughly 1,000 could be current reported.

Specialty GynecologyOncology Frequency 2380 Percentage 85.00 %

Specialty ObstetricsGynecology Frequency 420 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the 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. 58548

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	38573	**# of Respondents:**	65
Survey Code Descriptor:	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed		

Top Ref Code:	38572	**# of Respondents:**	33	**% of Respondents:**	51%
Top Ref Code Descriptor:	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	3%	69%	28%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	17%	83%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	19%	81%
	Urgency of medical decision making	0%	42%	58%
Technical Skill:		0%	8%	92%
Physical Effort:		0%	8%	92%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	19%	81%
	Outcome depends on the skill and judgment of physician	0%	19%	81%
	Estimated risk of malpractice suite with poor outcome	0%	36%	64%

SS Rec Summary

ISSUE: Lymphadenectomy

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
1st REF	38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	33	0.082			15.60			321	40	15	15			120			30						1.0		1	1			
2nd REF	58548	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	20	0.089			31.63			565	60	11	5			240			45				1	2	1.0		1	2			
CURRENT	38572	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node*		0.082			15.60			321	40	15	15			120			30						1.0		1	1			
CURRENT	49329	*Unlisted laparoscopy procedure, abdomen, peritoneum and omentum*		#DIV/0!			0.00			0																				
SVY	38573	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed*	65	0.085	15.60	20.00	24.00	32.00	55.20	483	80	20	15	90	120	180	210	300	30				1		1.0		2				
REC				0.083			20.00			360	40	13	15			180			30						0.5		1	1			

#9 & #10
Tab Number

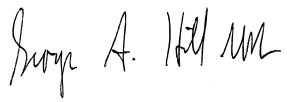
Laparoscopic Total Pelvic Lymphadenectomy
Laparoscopic Total Hysterectomy
Issue

3857X and 585X7
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

September 2, 2016
Date

CPT Code: 38573
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed

(Do not report 38573 in conjunction with 38562, 38564, 38570, 38571, 38572, 38589, 38770, 38780, 49255, 49320, 49326, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554)

Global Period: 010 **Meeting Date:** October 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:

ACOG convened a workgroup consisting of their CPT/RUC committee members and SGO representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We included CPT Code 38572 as a PE reference code. It was chosen as the key reference service on the physician work survey and includes similar direct practice expense inputs as the newly created service.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are requesting "Extensive use of Clinical Staff" for this 010 service. This procedure is typically performed to complete surgical staging of an unexpected cancer diagnosis and the timing of the procedure in relation to the antecedent operation is very short. Services with 010 global periods do not typically include a service of this intensity. Clinical staff is intimately involved with explanation to all stakeholders regarding this procedure. Clinical staff is involved with patient education as well as a new cancer diagnosis and the need for complete staging of the malignancy. The teaching for anticoagulation needs and preoperative prophylactic therapy associated with a cancer and a second pelvic operation is more robust. Management of medical co-morbidities associated with this procedure are complex and time-intensive.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms (5)
Clinical staff is utilized for explanation of need for the second operation to stakeholders (i.e. insurance carrier nurse) during a prior global period.

Coordinate pre-surgery services/review test/exam results (10)
Obtain pathology reports from referring clinical team and any other consulting pathology services. Obtain slides, if needed, for physician review. Obtain initial operative report to determine extent of gross pathology for surgical-procedure planning.

Schedule space and equipment in facility (5)
Standard scheduling protocols with additional notification of possible need for post-operative ICU care.

Provide pre-service education/obtain consent (7)
Standard consent with additional education for a new cancer diagnosis and explanation of need for complete surgical staging. Additional education for DVT prophylaxis, bowel prep, and comorbidity management with a second operation. Review of supplements and medications is critical with use of DVT prophylaxis.

PRE phone calls & prescriptions (3)
Anticoagulation prophylaxis and preoperative antibiotics for bowel prep.

Intra-Service Clinical Labor Activities

Standard Discharge Management (12)

Post-Service Clinical Labor Time

Post-Operative day 3 office visit (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar and vaginal exam for seroma development in addition to routine post-operative evaluation of multiple systems.

Post-Operative day 10 office visit (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar and vaginal exam for seroma development in addition to routine post-operative evaluation of multiple systems.

	A	B	C	D	E	F	G
1	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**REFERENCE CODE**		**RECOMMENDATIONS**	
2	**AT MEETING**			**38572**		**38573**	
3	**REVISED** **Meeting Date: October 2016** **Tab: 9 Lymphadenectomy** **Specialty: ACOG**	**CMS Code**	**Staff Type**	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**0**	**131**	**0**	**125**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**12**	**0**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**89**	**0**	**89**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Other Clinical Activity - specify:						
28	**Intra-service**						
29	Assist physician in performing procedure						
30	**Post-Service**						
31	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
32	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
33	Clean room/equipment by physician staff						
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
39	Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	6
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
43	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			REFERENCE CODE		RECOMMENDATIONS	
2	AT MEETING			38572		38573	
3	REVISED **Meeting Date: October 2016** **Tab: 9 Lymphadenectomy** **Specialty: ACOG**	**CMS Code**	**Staff Type**	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36		1		1
51	99214 53 minutes		53		1		1
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0**	**89**	**0**	**89**
54	Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack		2		2
58	kit, suture removal	SA031	kit		1		1
59	drape, non-sterile, sheet 40X60	SB006	item		1		2
60	pelvic exam pack	SA051	pack				1
61							
62							
63	**EQUIPMENT**	**CODE**					
64	light, surgical	EF014			36		
65	table, power	EF031			89		89
66	light, exam	EQ168					89
67	light, fiberoptic headlight w-source	EQ170			53		
68							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2016

Esophagectomy

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and revised 43112 to clarify this service. However, following the CPT meeting, during the CPT Panel minutes review the vignettes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the CPT Panel and tried to correct prior to the survey; however, the Panel did not adjust the vignette. The specialty societies conducted a survey and found that a significant number of respondents did not agree that the changed vignette described the typical patient and noted that the typical patient does undergo neoadjuvant chemotherapy and radiation therapy prior to surgery. Therefore, the specialty societies believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. After review of the survey results, the specialty societies also found that significant rank order anomalies existed among the three most common open approach esophagectomy codes 43107, 43112, and 43117. Additionally, there had been significant changes in the patient population for these procedures. The open approach codes were last reviewed by the RUC in 2000 as part of the second 5-year review. The specialty societies recommended re-survey of codes 43107, 43112, and 43117. The RUC agreed with the specialty societies and recommended: 1) the CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018; 2) the specialty societies go to the Research Subcommittee to obtain approval for the current typical patient (vignette) for both the new thoracoscopic/laparoscopic codes and open codes (43107, 43112 and 43117); and 3) the specialty societies survey all six codes for the October 2016 RUC meeting.

At the October 2016 RUC meeting, the RUC questioned why open approach codes 43108, 43113 and 43118 were not also surveyed. The specialty societies indicated and the RUC agreed that the only similarity between 43107, 43112, and 43117 and 43108, 43113 and 43118 is the surgical approach(es) and the ultimate location of the esophageal anastomosis. The other key parts of 43108, 43113, and 43118 are substantially different. Codes 43107, 43112, and 43117 utilize stomach to reestablish continuity between the remaining esophagus and stomach following removal of the diseased portion of the esophagus and stomach. Codes 43108, 43113, and 43118 involve removal of the diseased esophagus and entire stomach but intestinal continuity is then restored utilizing either the small intestine or colon, which represents significantly different and more physician work. To re-establish esophageal to intestinal continuity with small intestine or colon requires mobilization and preparation of the mesentery for transposition. Additionally, more anastomoses are required if small bowel or colon are utilized --one additional anastomosis for small bowel and three additional anastomoses for colon. The RUC agreed that the only similarities between 43107 and 43108, 43112 and 43113, and 43117 and 43118 are the approach and location of the esophageal anastomosis, and otherwise physician work is different. Codes 43108, 43113, and 43118 were reviewed as part of the Third Five-Year Review and are rarely performed (less than 10 Medicare claims per year) and would be difficult to survey (ie, find surgeons with recent experience).

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Compelling Evidence

The specialty societies identified three points that support compelling evidence: rank order anomaly, flawed survey methodology and a change in work since the last RUC review in 2000. The RUC agreed that there is an anomalous relationship between codes 43107, 43112 and 43117. The compelling evidence points discussed are detailed below.

Rank order anomaly

Due in large part to the flawed survey methodology, there now exists a rank order anomaly for codes 43107, 43112, 43117 with all other 90-day global procedures that have significant intra-time and significant post-operative work. For example, 43117, a procedure that requires both a large thoracotomy incision and a laparotomy is valued less than 43107, a procedure that requires a laparotomy and a neck incision. In addition, 43112, a procedure that requires three incisions including a thoracotomy, laparotomy, and a neck incision, is valued less than 43121, a procedure that necessitates only a thoracotomy incision. The RUC agreed that this anomalous relationship demonstrates compelling evidence for codes 43107, 43112 and 43117.

Flawed Methodology

The flawed survey methodology is best summarized as utilization of an inappropriate, circular RSL when code 43117 was reviewed in 2000, a time when the codes that were being surveyed were also included in the RSL. At the following RUC meeting in 2001, for the survey of 43107 and 43112, code 43117 was included in the RSL and was chosen as the key reference for both codes. The end result was perpetuation of the flawed value of 43117. Therefore, the elements of a circular and inappropriate RSL during the review in 2000 applied by the limitations of the Medicare fee schedule relative value scale at the time of the second Five-Year Review generated a flawed survey process.

Change in work

As a result of changes in technology, there has been a dramatic change in total physician work, especially the postoperative management. Over the last 15 years, there have been advances in technology that allow patients with early stage esophageal cancer to undergo endoscopic mucosal resection (EMR), thereby avoiding major surgical resection. This change in disease management has led to a decline in total patients undergoing esophagectomy. EMR is now the preferred treatment for patients with Barrett's esophagus with high-grade dysplasia, T1a invasive cancers, and increasingly some T1b invasive cancers. Therefore, patients with Stage 0, Stage 1A, and now even Stage 1B can avoid major resection leaving only patients with locally advanced cancers to undergo major resections. As a result, the majority of patients undergoing esophagectomy have T2 or greater disease, and this was clearly not the case during the review in 2000. Studies published utilizing the SEER database[1] and National Cancer Database[2] support the fact that patients who now undergo esophageal resection require more complex total care than patient cohorts at the time of the prior survey since they are genuinely sicker patients coming into the surgery. This new cohort of patients will require more complex postoperative management, resulting in higher levels of post-operative visits.

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In summary, during the last review of these codes, an inappropriate circular RSL created a flawed survey methodology. This flawed methodology perpetuated inappropriate valuation and has created rank order anomalies for these three codes when compared with other codes in the physician payment schedule that include significant and comparable total physician work. In addition, advancement in technology over the last 15 years has significantly changed the total physician work, most significantly the post-operative work, for codes 43107, 43112 and 43117.

RUC Review

CMS questioned whether any of the codes on the October 2016 reference service list (RSL) were valued using the STS database and mean times. The specialty societies indicated that a combination of the STS database and ACS National Surgical Quality Improvement Program (NSQIP) data with median times were used, not mean, when valuing the services on the current RSL.

CMS questioned if any high work RVU codes were added to the current RSL and/or what were the modifications. The specialty society indicated that the high work RVU and low work RVU codes were removed, along with the existing codes currently being surveyed. As suggested by the Research Subcommittee, codes were then added in the middle range of work RVUs for the 2016 survey RSL to help fill in the big gap between 51.00 and 67.00 and to fill in another gap that was created when the open approach codes were removed.

A RUC member questioned what occurred in the third Five-Year Review with this set of codes. The specialty indicated that only 3 codes were extracted and compelling evidence met to be reviewed at the second Five-Year Review with an additional 9 codes allowed to be reviewed in 2001. The remaining esophagectomy codes were not reviewed until the third Five-Year Review, thus causing various additional anomalies.

43107 Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)

The RUC reviewed the survey responses from 63 general and thoracic surgeons and determined that the survey 25th percentile work RVU of 52.05 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes evaluation, 20 minutes positioning, 15 minutes scrub/dress/wait time, 270 minutes intra-service and 45 minutes immediate post-service time. This service is performed via a separate laparotomy and left neck incision, removal of the esophagus is both by sharp and blunt dissection, but also blind dissection within the mediastinum freeing it up the from the trachea, the aorta and the azygos vein. The esophagogastric anastomosis is ultimately accomplished in the neck by sewing or stapling the esophagus to the stomach. The surgeon manages the post-operative intensive care.

The RUC noted that the previous value was incorrect and cannot be used to compare the current recommendation. The RUC compared the surveyed code to the second key reference service 43121 *Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty* (work RVU = 51.43 and 240 minutes intra-service time) and noted that the survey respondents indicated that 43107 was more intense and complex on all measures. The RUC also referenced MPC code

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33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)* (work RVU = 58.79 and 287 minutes) noting that 33863 requires slightly more time and physician work than the surveyed service, further supporting the value for the survey code. **The RUC recommends a work RVU of 52.05 for CPT code 43107.**

43117 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
The RUC reviewed the survey responses from 67 general and thoracic surgeons and determined that the survey 25th percentile work RVU of 57.50 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes evaluation, 30 minutes positioning, 15 minutes scrub/dress/wait time, 330 minutes intra-service and 45 minutes immediate post-service time. This service is performed by a separate laparotomy incision and then after laparotomy incision is closed, the patient is repositioned to their side. Through a separate right thoracotomy incision the remaining esophagus is resected and the tubularized stomach is brought high into the chest and anastomosis is performed.

The 2016 survey data shows that 2 critical care visits (99291) are now inherent in postoperative care for code 43117, which is a change from the current inputs from 2000. The RUC noted that the two critical care visits (99291) are consistent with the existing visit pattern for 43107 and 43112. Patients who now undergo esophageal resection require more complex total care than the typical patient at the time of the prior survey since they are genuinely sicker patients. Patients typically spend 5 to 6 hours under general anesthesia. These patients are in critical condition after this physiologically arduous procedure that involves invasion and disruption of the organs and structures in the chest, mediastinum, and abdominal cavities including resection of the esophagus and the stomach. The surgeon must manage the functions of one or more vital organ systems during the immediate post-operative period to assess, and manipulate recovery after surgery to prevent deterioration in the patient's condition.

The operating surgeon is best positioned to understand the nuances of postoperative care for these complex patients in the ICU and will take the lead in patient management which includes but is not limited to the following: these patients have significant third spacing fluid changes in the first 48 to 72 hours, are at risk of vocal cord paresis, or paralysis, and often have significant respiratory complications. They need aggressive pulmonary care for secretion control to prevent atelectasis and in turn pneumonia. They need careful monitoring of their blood pressure and urine output. The patient is at risk for mediastinal bleeding and the anastomotic sites must be closely managed and monitored for leakage. They also have a higher than usual need for blood transfusion. Management of nasogastric tube or other issues that limits the patient's ability to cough early on is also imperative. Pain management of the thoracotomy and laparotomy is also required. These patients have two chest tubes in the right chest, an epidural catheter for pain control and Foley catheter for strict in and out monitoring, as well as an arterial line for blood pressure monitoring. The surgeon is managing this post-operative intensive care.

The RUC compared the surveyed service with the top key reference service 43121 *Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty* (work RVU = 51.43 and 240 minutes intra-service time) noting that 64% of survey respondents indicated that the overall intensity and complexity for these services are identical and 36% indicated that the survey code was more intense and complex. The RUC noted that the previous value was incorrect and cannot

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be used to compare the current recommendation. The current IWPUT of 0.088 for 43117 is appropriate, especially relative to the intensity of 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* has a IWPUT of 0.096. The RUC also referenced MPC code 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)* (work RVU = 58.79 and 287 minutes), noting these services require similar physician work and time, thus validating the recommendation. **The RUC recommends a work RVU of 57.50 for CPT code 43117.**

43112 Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)
The RUC reviewed the survey responses from 65 general and thoracic surgeons and determined that the survey 25th percentile work RVU of 62.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes evaluation, 30 minutes positioning, 15 minutes scrub/dress/wait time, 360 minutes intra-service and 45 minutes immediate post-service time. This service starts with a full right thoracotomy with dissection of the intrathoracic esophagus under direct vision. After closing the thoracotomy incision, the patient is repositioned to the supine position. Through a separate laparotomy and left neck incision the remaining esophagus and stomach are resected as necessary and the anastomosis is performed high in the left neck. The physician work in code 43112 is essentially a combination of the work involved in both codes 43107 and 43117. The surgeon manages the post-operative intensive care.

The RUC noted that the previous value was incorrect and cannot be used to compare the current recommendation. The RUC compared the surveyed service with the top key reference service 43124 *Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy* (work RVU = 69.09 and 243 minutes of intra-service time). The RUC noted and agreed with the 59% of survey respondents who indicted that CPT code 43112 is overall more intense and complex. The RUC also referenced MPC code 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)* (work RVU = 58.79 and 287 minutes) and similar service CPT code 33411 *Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus* (work RVU = 62.07 and 283 minutes intra-service time) noting these services require similar physician work and time, thus validating the recommendation. **The RUC recommends a work RVU of 62.00 for CPT code 43112.**

43286 Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)
The RUC reviewed the survey responses from 56 general, gastrointestinal and thoracic surgeons and determined that the survey 25th percentile work RVU of 55.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes evaluation, 20 minutes positioning, 20 minutes scrub/dress/wait time, 300 minutes intra-service and 60 minutes immediate post-service time. The surgeon manages the post-operative intensive care.

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The RUC compared the surveyed code to the top key reference 43121 *Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty* (work RVU = 51.43 and 240 minutes intra-service time) and the RUC agreed with the 94% of respondents who indicated that the surveyed code is overall more intense and complex. The RUC also referenced MPC code 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)* (work RVU = 58.79 and 287 minutes) and similar service CPT code 47785 *Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract* (work RVU = 56.19 and 360 minutes intra-service time), noting these services require similar physician work and time, thus validating the recommendation. **The RUC recommends a work RVU of 55.00 for CPT 43286.**

43287 Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic-thoracoscopic esophagectomy, Ivor Lewis esophagectomy)
The RUC reviewed the survey responses from 59 general and thoracic surgeons and determined that the survey 25th percentile work RVU of 63.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes evaluation, 30 minutes positioning, 20 minutes scrub/dress/wait time, 360 minutes intra-service and 60 minutes immediate post-service time. The surgeon manages the post-operative intensive care.

A RUC member questioned the differences in 43287 and 43112 since they both require 360 minutes intra-service time. The specialty society indicated and the RUC agreed that the complexity of the patients is probably similar; however, the difference is in the approach. The McKeown service (43112) requires a separate thoracotomy, abdomen and neck incisions. Whereas code 43287 only requires a laparoscopic and thoracoscopic approaches. Overall, the laparoscopic and thoracoscopic approaches require more physician work, intensity and complexity in these cases.

The RUC compared the surveyed code to the top key reference code 43118 *Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)* (work RVU = 67.07 and 327 minutes of intra-service time) and noted that 88% of respondents indicated that the surveyed code is overall more intense and complex. The RUC also referenced MPC code 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)* (work RVU = 58.79 and 287 minutes) and similar service CPT code 61697 *Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation* (work RVU = 63.40 and 300 minutes intra-service time), noting all three services require similar physician work and time, thus validating the recommendation. **The RUC recommends a work RVU of 63.00for CPT code 43287.**

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43288 Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)

The RUC reviewed the survey responses from 60 general and thoracic surgeons and determined that the survey 25th percentile work RVU of 66.42 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes evaluation, 30 minutes positioning, 20 minutes scrub/dress/wait time, 420 minutes intra-service and 60 minutes immediate post-service time. The surgeon manages the post-operative intensive care.

The RUC compared the surveyed code to the top key reference code 43124 *Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy* (work RVU = 69.09 and 243 minutes of intra-service time) and noted that 80% of respondents indicated that the surveyed code is overall more intense and complex. The RUC also referenced MPC code 33863 *Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)* (work RVU = 58.79 and 287 minutes) and similar service CPT code 61686 *Surgery of intracranial arteriovenous malformation; infratentorial, complex* (work RVU = 67.50 and 420 minutes intra-service time) noting these services require similar physician work and time, thus validating the recommendation. **The RUC recommends a work RVU of 66.42for CPT code 43288.**

Practice Expense

The Practice Expense Subcommittee deleted an exam light from the 4th post-operative visit and corrected the equipment minutes. The remaining direct practice expense inputs are the standards for 090-day global facility-only codes. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●43286	G1	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	090	55.00

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●43287	G2	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic-thoracoscopic esophagectomy, Ivor Lewis esophagectomy) (Do not report 32551 in conjunction with 43287 for right tube thoracostomy)	090	63.00
●43288	G3	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy) (Do not report 32551 in conjunction with 43288 for right tube thoracostomy)	090	66.42

Thoracoscopy (Video-assisted thoracic surgery [VATS])

32674 *Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)*

(On the right, mediastinal lymph nodes include the paratracheal, subcarinal, paraesophageal, and inferior pulmonary ligament)

(On the left, mediastinal lymph nodes include the aortopulmonary window, subcarinal, paraesophageal, and inferior pulmonary ligament)

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	(Report 32674 in conjunction with 19260, 31760, 31766, 31786, 32096-32200, 32220-32320, 32440-32491, 32503-32505, 32601-32663, 32666, 32669-32673, 32815, 33025, 33030, 33050-33130, 39200-39220, 39560, 39561, 43101, 43112, 43117, 43118, 43122, 43123, 43287, 43288, 43351, 60270, 60505) *(To report mediastinal and regional lymphadenectomy via thoracotomy, use 38746)*			
(f)43107	G5	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	090	52.05
▲43112	G4	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)	090	62.00
(f)43117	G6	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	090	57.50

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43107 Tracking Number G5 Original Specialty Recommended RVU: **52.05**
Presented Recommended RVU: **52.05**
Global Period: 090 RUC Recommended RVU: **52.05**

CPT Descriptor: Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old man presents with a history that includes gastroesophageal reflux, progressive dysphagia, and testing that revealed a distal esophageal adenocarcinoma arising within long segment Barrett's esophagus with multifocal high-grade dysplasia. He undergoes esophageal resection and reconstruction.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 59%

Description of Pre-Service Work: Within the 24 hours prior to surgery, review preadmission work-up, with attention to endoscopic and imaging information and reports including preoperative pathology and pulmonary and cardiac co-morbidities. The patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Update the H&P. Meet with patient and family to review planned procedure and post-operative management. The patient and family are counseled, questions are answered, and operative consent is obtained. Preoperative orders are written. Operative site markings are performed. The surgeon dresses. The surgeon performs the team briefing (anesthesia, OR staff, house staff). The surgeon verifies that all required instruments and supplies are available. The surgeon assists in transfer of patient from cart to operating table. The surgeon waits for the institution of appropriate monitoring, vascular access, DVT prophylaxis, and induction of anesthesia. The surgeon then places the patient in the supine position with additional special positioning of the neck and arms required. The skin of the neck, anterolateral chest, and abdomen is prepped from the lower ears to the pubis and laterally to each mid-axillary line, after which the surgeon scrubs, gowns, and drapes the patient. The pre-incision surgical pause is completed.

Description of Intra-Service Work: Under general anesthesia through an upper midline incision, the abdomen is explored for metastatic disease and the feasibility of esophagogastric junction resection. Subcostal retractors and a liver retractor are placed to allow visualization of the esophageal hiatus. A nasogastric tube may be placed if it will pass. The mobilization of the stomach begins by widely resecting the gastrohepatic omentum until it reaches the right crus. The right crus is visualized and dissected, the peritoneum overlying the esophagogastric junction is incised followed by the dissection of the left crus of the diaphragm. It is important to handle the stomach gently and with care during the procedure. Utilizing ultrasonic coagulating shears, the greater curvature of the stomach is then mobilized by dividing the gastrocolic omentum taking great care to preserve the right gastroepiploic artery. Short gastric vessels are similarly divided with care taken to protect the spleen. A Kocher maneuver is performed mobilizing the proximal duodenum and the hepatic flexure of the colon mobilized again protecting the right gastroepiploic artery. The diaphragm anterior to the espophagus is divided. A wide en bloc dissection of the esophagus including all periesophageal tissue flush with the posterior pericardium, both parietal pleura, and the adventia of the thoracic aorta is carefully performed. Encircling the esophagus with a rubber drain may help with this dissection. Additional posterior attachments of the stomach are then divided by retracting the stomach

anteriorly. Celiac axis lymph nodes are resected with the specimen. The left gastric artery is divided flush with the celiac axis. With narrow, long retractors, further dissection of the esophagus is continued under direct vision within the mediastinum to above the level of the inferior pulmonary veins. Further blunt dissection of the esophagus is then continued up into the mediastinum taking care to not injure the membranous portion of the trachea and bronchi. A pyloromyotomy or pyloroplasty is performed. The pylorus is covered with a remnant of omentum. With mobilization of the distal and middle esophagus and stomach completed, attention is turned to the left neck. An incision is made along the anterior border of the left sternocleidomastoid muscle. The sternocleidomastoid muscle and underlying carotid sheath and its contents are retracted to the left, carefully avoiding undue compression on the carotid artery. The neck strap muscles are divided. The trachea and thyroid gland are retracted to the right, carefully avoiding pressure on the tracheoesophageal groove and injury to the left recurrent laryngeal nerve. The middle thyroid vein and inferior thyroid artery are identified, ligated and divided, and the underlying cervical esophagus identified. Carefully avoiding injury to the left recurrent laryngeal nerve in the tracheoesophageal groove, the cervical esophagus is encircled with a rubber drain, and the remaining intra thoracic esophagus carefully bluntly dissected free within the thoracic inlet and middle mediastinum working simultaneously both through the cervical and abdominal incisions. Throughout the mediastinal dissection and mobilization of the intrathoracic esophagus careful attention to the intra-arterial blood pressure is mandatory so that prolonged hypotension is avoided. Coordination with anesthesiology is important. The cervical esophagus is divided with a surgical stapler. Frozen section pathology confirms that the proximal esophageal margin is free of tumor. The intrathoracic esophagus and esophagogastric junction is delivered out of the mediastinum through the diaphragmatic hiatus and placed on the anterior chest wall along with the mobilized stomach. The mediastinum is inspected for bleeding. The mediastinum is carefully packed with gauze packs to facilitate hemostasis. A gastric tube approximately 5 cm in width is then created utilizing multiple firings of a stapling device starting just proximal to the pyloroplasty. With each progressive application of the stapler toward the gastric fundus, gentle traction is placed upon the tip of the greater curvature of the stomach to insure construction of as long and straight gastric conduit as is possible. The gastroesophageal junction and juxtaposed tumor are resected with grossly free margins. The longitudinal staple line is over sewn with running suture. Frozen section pathology confirms that the gastric margin is free of tumor. The previously placed packs within the mediastinum are carefully removed and the mediastinum inspected for bleeding. Once hemostasis has been assured, the tip of the mobilized stomach is gently grasped with one hand, which is then inserted through the diaphragmatic hiatus and advanced superiorly through the middle mediastinum behind the trachea and beneath the aortic arch, until the tip of the stomach can be grasped by the second hand inserted downward into the superior and middle mediastinum through the neck incision. Throughout this positioning of the gastric conduit in the original esophageal bed, careful attention to the arterial blood pressure is mandatory so that prolonged hypotension and compromise of the gastric conduit is avoided. Once the tip of the stomach is grasped in the neck, gentle traction on the stomach through the neck incision along with simultaneous gentle pushing of the distal stomach from below results in an adequate length of stomach coming through the neck incision for an esophagogastric anastomosis. Care is taken to insure that the stomach is not twisted as it is brought through the middle mediastinum and out the neck incision. Through the abdominal incision, several sutures between the diaphragmatic hiatus and adjacent stomach are placed to minimize the risk of subsequent herniation of intestine into the chest through the diaphragmatic hiatus. Hemostasis is carefully checked for. A feeding jejunostomy tube may be inserted (separately reported). After careful inspection again for hemostasis, the abdomen is copiously irrigated. The abdominal incision is then closed in multiple layers. Sterile dressings are applied to the abdominal incision. Attention is redirected to the neck. A side-to-side esophagogastric anastomosis is created utilizing the linear stapling device for the posterior portion of the anastomosis. Prior to completing the anterior portion of the anastomosis, a nasogastric tube is placed under direct visualization. The anterior portion of the anastomosis is then completed with an inner layer of running absorbable suture and an outer layer of interrupted permanent suture. After a careful inspection for hemostasis, the neck wound is irrigated, a cervical wound drain placed, and the neck incision closed with multiple layers of absorbable suture. Sterile dressings are applied to the neck incision. The nasogastric tube is secured in place.

Description of Post-Service Work:
Hospital: Monitor patient during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assist in transfer of patient from operating table to cart. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia and anti-emetics. Instruct nursing staff in care of tubes, drains and other devices. Write immediate postoperative orders. Write brief operative note and place in chart. Discuss procedure and outcome with family. Dictate final operative report and copy referring physician(s). Review post-operative chest x-ray and labs. Write orders for transferring patient to appropriate surgical floor and discuss ongoing care with floor nurses. On a daily basis and at other times as necessary, examine patient, including reviewing vital signs, respiratory status, and gastrointestinal status, and confirming as necessary. Auscultate heart and lungs. Monitor status of incisions and drains looking for signs of infection. Manage wound dressings. Continue prophylaxis for DVT. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status, renal

function, and nutritional status. Review nursing/other staff patient chart notes. Write orders for labs, x-rays, medications, nutrition, and patient activity. Chart patient progress notes, daily. Review labs and x-rays (if ordered). Answer patient and family questions. Answer nursing/other staff questions. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. NPO, intravenous, and/or tube feedings). Carefully assess and monitor postoperative nutritional status as maintained by both intravenous and enteral feedings. Obtain and evaluate postoperative barium esophagram to document anastomotic healing and satisfactory emptying of intrathoracic stomach. Advance diet, as appropriate. Discuss in detail post-esophagogastrectomy dietary restrictions for the post-operative period (e.g. liquid, post-esophagogastrectomy, and/or mechanical soft and eventual post-esophagogastrectomy anti-dumping diets and their duration). Write orders for follow-up, post-discharge labs, x-rays, home care, tube feedings, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. The patient is discharged when there is no evidence of infection, return of bowel function, adequate nutritional intake, and pain is adequately controlled, and majority of drains removed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, insurance forms, and correspondence with all necessary providers.

Office: Talk with and examine patient, assess ease of swallowing and pulmonary function. Remove dressings, sutures, and remaining drains when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Discuss advancement of diet with slow introduction of solid foods. Monitor dietary caloric intake by review of calorie counts and patient dietary logs and recording patient's weight. If utilized, adjust tube feedings as necessary. Eventually remove feeding jejunostomy tube when utilized and when appropriate. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Francis C. Nichols, MD FACS; John Howington, MD FACS; Stephen Lahey, MD; Charles Mabry, MD FACS; Nadar Massarweh, MD; Don Selzer, MD FACS; Keton Sheth, MD FACS		
Specialty(s):	Thoracic Surgery (STS, AATS), General Surgery (ACS, SAGES)		
CPT Code:	43107		
Sample Size:	1243	**Resp N:** 63	**Response:** 5.0 %
Description of Sample:	ACS, random sample of membership shelf identified as general surgeons SAGES, random sample of membership STS, members self identified as general thoracic surgeons		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	5.00	22.00
Survey RVW:	39.53	52.05	**60.00**	71.00	83.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	150.00	240.00	**270.00**	300.00	500.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	43107	**Recommended Physician Work RVU: 52.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**270.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
43124	090	69.09	**RUC Time**

CPT Descriptor Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43121	090	51.43	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
33863	090	58.79	**RUC Time**	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	090	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 31.7 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 25.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 43107	Top Key Reference CPT Code: 43124	2nd Key Reference CPT Code: **43121**
Median Pre-Service Time	95.00	95.00	95.00
Median Intra-Service Time	270.00	243.00	240.00
Median Immediate Post-service Time	45.00	40.00	40.00
Median Critical Care Time	140.0	210.00	70.00
Median Other Hospital Visit Time	270.0	630.00	360.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	102.0	125.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**977.00**	**1,398.0**	**962.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.35	0.19
Urgency of medical decision making	0.25	0.06
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.60	0.31
Physical effort required	0.70	0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.55	0.13
Outcome depends on the skill and judgment of physician	0.50	0.50
Estimated risk of malpractice suit with poor outcome	0.55	0.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.65	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: 43107, 43112, 43117, 43286, 43287, 43288

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and made an editorial revision to code 43112. Following the CPT meeting, during Panel minutes review, the vignettes for the new codes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct the vignettes prior to surveying the codes; however, the Panel maintained the altered vignettes.

The STS, AATS, SAGES and ACS conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient. The respondents noted that their typical patient underwent neoadjuvant chemotherapy and radiation therapy prior to surgery. At the February 2016 RUC meeting, the societies submitted a letter to the RUC indicating that we believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. We additionally asked that the three open codes be added to the survey process since it became apparent that there have been substantial changes in the patient population and technology related to patients undergoing open esophagectomy.

The RUC agreed with the specialty societies and recommended:

- The CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018;
- The specialty societies go to the Research Subcommittee to obtain approval for typical patients for all six codes; and
- The specialty societies survey all six codes for the October 2016 RUC meeting.

At the RUC April 2016 RUC meeting, we provided vignettes for all six codes to the Research Subcommittee for review. We also provided supporting information including "*NCCN Clinical Practice Guidelines in Oncology for Esophageal and Esophagogastric Junction Cancers Version 3 (2015)*" and "*Minimally Invasive vs. Open Esophagectomy for Esophageal Cancer: A Comparison of Early Surgical Outcomes from the Society of Thoracic Surgeons National Database"* (Ann Thorac Surg. April 2016).

The Research Subcommittee accepted the proposed vignettes. The STS, AATS, SAGES and ACS conducted a survey for all six codes. For this survey, we included the newly approved language in the outgoing email and in the survey that asked the surgeons to only respond to questions for survey code(s) that they have experience performing or are familiar with.

For the three new codes that were previously surveyed with the faulty vignettes and not presented to the RUC, we have provided the summary data in the RUC summary spreadsheet identified as "SVY-10/15".

For codes 43107, 43112, and 43117 last surveyed during the second 5-year review in 2000, we believe compelling evidence supports an increase in work RVUs.

Compelling Evidence: 43107, 43112, 43117

Background for the 2nd 5-year review in 2000

The second 5-year review in 2000 was complex for many reasons including compression of the fee schedule (ie, the top end of the wRVU scale was compressed) and the large number of codes being reviewed simultaneously by both general surgery (320 codes) and cardiothoracic surgery (90 codes). Additional issues included a circular reference service list for the cardiothoracic codes compounded by compelling evidence issues and the use of mini surveys, which further complicated the review of the general thoracic surgery codes at that time. Unfortunately, due to the complexity of that survey process for so many codes at one time, code 43117 was one of three codes that were surveyed with a circular reference service list (ie, codes that were being surveyed were included on the reference service list) that was not reconciled by the RUC. When the adult and congenital cardiac codes met compelling evidence during the August 2000 Workgroup review, the flawed survey methodology was overcome by using a methodology that cross walked and developed the values related to a then recently reviewed and valued cardiac code. Since the general thoracic surgery codes did not initially meet compelling evidence, the original surveys with the circular references were not addressed. Instead, the original surveys for the three codes, including 43117 were approved after compelling evidence was presented and accepted by the RUC at the October 2000 RUC meeting. In addition, the RUC agreed that the STS could re-survey 9 additional general thoracic codes as part of the 2000 5-year review and present those codes to the RUC at the Feb. 2001 RUC meeting. Those three approved codes, which included 43117, were then used on the reference service list for the 9 code survey before CMS validation, at the newly approved wRVUs from October (40 wRVU for 43117). The 9 code survey included 43107 and 43112. The end result was potential perpetuation of the flawed value of 43117 because 43117 was chosen as the key reference for 43107 and 43112 on the additional survey. In addition, the limited range of the entire physician fee schedule (PFS) in 2000 was an additional challenge with the RSL and review. There were only 48 codes (out of 7,000) with a wRVU above 40 and most of these codes were replantation procedures or skull-base surgical procedures that were rarely performed. In fact, the highest wRVU on the STS 2000 survey RSL where code 43117 was valued was 34.79. This made review and comparison of a procedure with significant intra-time and significant post-operative work (ie, 43117) difficult because the available codes for the RSL didn't compare. Subsequently, for the 2001 STS survey RSL where codes 43107 and 43112 were valued the highest wRVU was a general surgery code with a wRVU of 48.00.

Compelling Evidence

The specialty societies have identified three points that support compelling evidence: flawed survey methodology, rank order anomaly, and a change in work since the last survey review in 2000.

Flawed Methodology

The flawed survey methodology is best summarized as utilization of an inappropriate circular RSL when code 43117 was reviewed in 2000, where the codes that were being surveyed, were also included in the RSL. For the 2000 review of 43117, the RSL utilized was also inadequate to capture the significant work of 43117 because the RSL code with the highest wRVU was much less work than required for 43117. This made it impossible for both the survey respondents and RUC to judge work using magnitude estimation (ie, how much "higher" than the top of a reference scale is appropriate for "significantly more" work than the top code on the scale). Then, the following meeting, for the survey of 43107 and 43112, code 43117 was included in the RSL and was chosen as the key reference for both codes. The end result was perpetuation of the flawed value of 43117. The limited range of the entire physician fee schedule (PFS) during the second 5-year review in 2000 was an additional challenge. The highest valued code on the STS RSL for the survey for 43117 was a Harvard valued code that had a wRVU of 34.79. As evidenced by a general understanding of the complexity of these procedures, the RUC still provided a valuation for 43117 that eclipsed the wRVU of the RSL at 40. However, the effect of this upper-end compression of the fee schedule on the valuation of 43117 was clear and it created a scenario for misvaluation of 43107 and 43112 as they were crosswalked to 43117 the following year.

Incidentally, the code with the highest value on the RSL in 2000 with the wRVU of 34.79 has since been RUC reviewed revalued and is now valued at 59.00 wRVUs. The table titled *Tab 6 - PFS Rank Order Comparison Table* demonstrates the effect of compression reflected in the current valuation of these three open esophagectomy procedures (highlighted in orange) are clear outliers in valuation of procedures with significant intra-operative time and significant post-operative work. Therefore, the elements of a circular and unvalidated RSL and significant wRVU compression in the PFS during the review in 2000 applied by the limitations of the coding hierarchy at the time of the second 5-year review generated a flawed survey process.

Rank order anomaly

Due in large part to the flawed survey methodology described above, there now exists a rank order anomaly for codes 43107, 43112, 43117 with all other 90-day global procedures that have significant intra-time and significant post-operative work. For example, 43117, a procedure that requires both a large thoracotomy incision and a laparotomy is valued less than 43107, a procedure that requires a laparotomy and a neck incision. In addition, 43112, a procedure that requires three incisions including a thoracotomy, laparotomy, and a neck incision, is valued less than 43121, a procedure that necessitates only at thoracotomy incision. Therefore, rank order anomaly, recognized by the RUC and CMS as a source for compelling evidence is demonstrated for all codes 43107, 43112, and 43117.

Change in work

As a result of changes in technology, there has been a dramatic change in total physician work, especially the postoperative management. Over the last 15 years, we have seen advances in technology that allow patients with early stage esophageal cancer to undergo Endoscopic Mucosal Resection (EMR), thereby avoiding major surgical resection. This change in disease management has led to a downward shift in patients undergoing esophagectomy. EMR is now the preferred treatment for patients with Barrett's esophagus with high-grade dysplasia, T1a invasive cancers, and increasingly some T1b invasive cancers. Therefore, patients with Stage 0, Stage 1A, and now even Stage 1B avoid major resection leaving only patients with locally advanced cancers. As a result, the majority of patients undergoing esophagectomy have T2 or greater disease, where this was not the case during the review in 2000. Studies published utilizing the SEER database[1] and National Cancer Database[2] support that patients who now undergo esophageal resection require more complex total care than patient cohorts at the time of the prior survey as they are genuinely sicker patients coming into the surgery, resulting in higher level of post-operative visits.

In summary, during the last review of these codes, an inappropriate circular RSL and an RSL that was significantly impacted by inadequate codes with wRVUs to use as comparators (ie, compression) created a flawed survey methodology. This flawed methodology perpetuated inappropriate valuation and has created rank anomalies for these three codes when compared with other codes in the fee schedule that include significant work. In addition, advancement in technology over the last 15 years has significantly changed the total physician work, most significantly the post-operative work, for codes 43107, 43112, 43117.

1 Cummings, Linda C. et al. *Outcomes after endoscopic versus surgical therapy for early esophageal cancers in an older population;* Gastrointestinal Endoscopy, Volume 84, Issue, 232 - 240.e1

2 Taylor, L. J., Greenberg, C. C., et al. (2016), *Utilization of surgical treatment for local and locoregional esophageal cancer: Analysis of the National Cancer Data Base*; Cancer. doi:10.1002/cncr.30368

Recommendation for 43107

We recommend the survey 25th percentile work RVU of 52.05 for code 43107.

PRE-TIME Package 4

Evaluation (total = 60 minutes): Additional 20 minutes added to package to account for: extensive data review of recent imaging and labs including CT/PET, upper GI endoscopy report. Review chemo/radiation therapy reports from oncology. Coordinate the multi-incisional approach with assistant surgeon, anesthesia, and scrub nurse. Mark all sites. Ensure extensive equipment is available and functioning.

Positioning (total = 20 minutes): Addition 17 minutes added to package to account for padding, positioning, and securing patient to table that will adjust (eg, reverse Trendelenburg, roll, etc.) during the procedure. Also includes additional positioning for neck, chest, and abdominal incisions and accommodation of double lumen endotracheal tube, and lines near operative field.

Scrub, dress, wait (total = 15 minutes): Default to survey median of 15 minutes which is less than package time.

POST-TIME Package 9b

Total = 45 minutes: Additional 12 minutes has been added to package to account for multiple site dressings which will take more than 2 minutes; reversing excessive padding prior to transfer off table which will take more than 1 minute; post-operative notes that will take more than 5 minutes; and post-operative orders which will take more than 5 minutes.

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1398**	95	243	40	3	14	-39	5
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	**52.05**	0.091	**977**	95	270	45	2	7	-39	4
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	240	40	1	8	-39	4

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	287	40	2	6	-38	1
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	**52.05**	0.091	**977**	95	270	45	2	7	-39	4

Comparison to Other Complex/Intense Procedures

The table below places the recommendations for the survey codes and key reference codes in work RVU order relative to other similarly intense and complex procedures that include significant intraoperative time and significant postoperative work. This table clearly shows that the recommendations are aligned correctly and are appropriately bracketed by the key reference codes.

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	**45.13**	0.095	**806**	63	**240**	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	**46.41**	0.113	**800**	95	**229**	40	1	6	-38	2
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**49.76**	0.105	**883**	95	**264**	40	1	7	-38	2
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	**50.62**	0.112	**949**	105	**240**	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	**50.72**	0.083	**993**	100	**240**	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	**50.93**	0.105	**913**	95	**232**	40	2	6	-39	3
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	**240**	40	1	8	-39	4

CPT Code: 43107

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43107	**TRANSHIATAL - OPEN**	**52.05**	**0.091**	**977**	95	**270**	**45**	2	7	-39	4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	**52.19**	0.105	**882**	75	**290**	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	**52.68**	0.114	**853**	95	**282**	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	**52.79**	0.073	**1,078**	90	**315**	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	**53.04**	0.124	**855**	75	**225**	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	**54.08**	0.112	**789**	120	**360**	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	**54.59**	0.109	**896**	115	**340**	68	0	8	-38	2
43286	**TRANSHIATAL - Laparoscopic**	**55.00**	**0.106**	**957**	100	**300**	**60**	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	**56.19**	0.097	**939**	75	**360**	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	**56.47**	0.111	**1,035**	95	**286**	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	**57.06**	0.121	**939**	95	**236**	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	**57.08**	0.100	**1,127**	95	**231**	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	**57.09**	0.117	**815**	120	**360**	45	0	7	-38	4
47130	Hepatectomy, resection of liver; total right lobectomy	**57.19**	0.134	**870**	75	**240**	45	2	7	-38	3
43117	**IVOR LEWIS - OPEN**	**57.50**	**0.088**	**1,067**	105	**330**	**45**	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	**287**	40	2	6	-38	1
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	**59.00**	0.122	**866**	63	**300**	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	**59.40**	0.101	**1,073**	120	**355**	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	**59.46**	0.114	**931**	80	**305**	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	**59.48**	0.100	**1,000**	75	**300**	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	**59.64**	0.095	**1,165**	140	**240**	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	**59.87**	0.122	**898**	95	**297**	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	**60.04**	0.111	**1,144**	115	**280**	50	0	15	-38	3
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	**60.08**	0.130	**853**	120	**300**	60	2	4	-38	1
43112	**MCKEOWN - OPEN**	**62.00**	**0.093**	**1,097**	105	**360**	**45**	2	8	-39	4
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	**62.07**	0.114	**1,059**	95	**283**	40	2	9	-38	2
43287	**IVOR LEWIS Laparoscopic, Thoracoscopic**	**63.00**	**0.097**	**1,097**	110	**360**	**60**	2	7	-39	4

CPT Code: 43107

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	**63.40**	0.111	**1,194**	105	**300**	50	0	16	-38	3
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	**63.41**	0.116	**874**	120	**420**	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	**63.84**	0.105	**1,182**	95	**310**	40	1	11	-38	4
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	**64.00**	0.123	**986**	63	**300**	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	**65.08**	0.119	**926**	63	**360**	60	2	5	-38	1
43288	**MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision**	**66.42**	**0.091**	**1,157**	110	**420**	**60**	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**67.07**	0.111	**1,184**	95	**327**	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	**67.50**	0.110	**1,019**	135	**420**	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	**69.03**	0.114	**1,110**	110	**324**	60	3	6	-39	3
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1,398**	95	**243**	40	3	14	-39	5
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	**69.63**	0.115	**1,209**	115	**360**	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	**71.50**	0.117	**1,101**	135	**420**	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	**76.93**	0.100	**1,251**	37	**296**	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	**78.00**	0.112	**1,259**	63	**360**	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	**79.44**	0.115	**1,221**	135	**480**	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**80.06**	0.111	**1,358**	95	**391**	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	**82.87**	0.110	**1,358**	95	**461**	40	1	12	-39	4
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**83.12**	0.109	**1,419**	95	**442**	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	**84.48**	0.113	**1,440**	130	**375**	90	4	10	-39	2
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	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) 43107

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 Thoracic 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 frequency not is unknown although it is estimated that in 2016 there will be 16,910 cases of esophageal cancer. 20% of cases present in a localized fashion such that surgical resection might be considered. This leads to approximately 3000 esophageal resections maximum in total and split between all of the esophagectomy codes.

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? 385
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 Thoracic surgery Frequency 160 Percentage 41.55 %

Specialty General surgery Frequency 130 Percentage 33.76 %

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 43107

If this code is a new/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:43112 Tracking Number Original Specialty Recommended RVU: **62.00**
Presented Recommended RVU: **62.00**
Global Period: 090 RUC Recommended RVU: **62.00**

CPT Descriptor: Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man presents with progressive dysphagia. Testing revealed a mid-esophageal adenocarcinoma above the level of the carina. He received neoadjuvant chemotherapy and radiation therapy. He now undergoes surgical resection.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 57%

Description of Pre-Service Work: Within the 24 hours prior to surgery, review preadmission work-up, with attention to endoscopic and imaging information and reports including preoperative pathology and pulmonary and cardiac co-morbidities. The patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Update the H&P. Meet with patient and family to review planned procedure and post-operative management. The patient and family are counseled, questions are answered, and operative consent is obtained. Preoperative orders are written. Operative site markings are performed. The surgeon dresses. The surgeon performs the team briefing (anesthesia, OR staff, house staff). The surgeon verifies that all required instruments and supplies are available. The surgeon assists in transfer of patient from cart to operating table. The surgeon waits for the institution of appropriate monitoring, vascular access, DVT prophylaxis, and induction of anesthesia with a double lumen endotracheal tube. The surgeon then places the patient in a left lateral decubitus position. Correct positioning of the double lumen endotracheal tube is assured bronchoscopically. The skin of the right lateral chest wall is prepared after which the surgeon scrubs, gowns, and drapes the patient. The pre-incision surgical pause is completed.

Description of Intra-Service Work: Under general anesthesia, one lung ventilation is initiated. A right posterolateral thoracotomy is performed dividing extrathoracic muscles with electrocautery for hemostasis and resecting a 1 cm segment of the 6th rib posteriorly to facilitate spreading of the ribs. The chest is explored. The right lung and mediastinum are carefully palpated to assess for metastatic cancer and any unsuspected pulmonary nodules. The right lung is carefully retracted anteriorly while blood pressure is monitored. The inferior pulmonary ligament is divided. The mediastinal pleura overlying the esophagus is divided and resected up to the level of the azygos vein. The azygos vein is divided and the mediastinal pleura opened to the level of the thoracic inlet. A nasogastric tube may be placed if it will pass. A mediastinal lymphadenectomy may be performed (separately reported). Utilizing the ultrasonic coagulating sheers, electrocautery, and blunt dissection, the esophagus and periesophageal tissues are carefully circumferentially mobilized from just above the diaphragm to just below the thoracic inlet. A rubber drain placed around the esophagus may aid in esophageal traction and exposure. The vagus nerve is divided above the level of the azygos vein with care taken to protect the right recurrent laryngeal nerve. Care is taken to avoid injury to the membranous portions of the trachea, bronchi, thoracic aorta, thoracic duct, and the recurrent laryngeal nerves. The chest is carefully evaluated for hemostasis and irrigated. Two chest tubes are

placed and connected to an appropriate collection device. The right lung re-expanded. The ribs are carefully re-approximated with pericostal sutures and the chest incision closed in multiple layers of absorbable suture. Sterile dressings are applied.

The entire surgical field is taken down with care to maintain sterility of the surgical equipment and instrumentation for the abdominal and cervical portions of the procedure. The patient is placed in a supine position. The double lumen endotracheal tube is removed and a single lumen endotracheal tube placed. The surgeon then completes the positioning with additional special positioning of the neck and arms required. The skin of the neck, anterolateral chest, and abdomen is prepped from the lower ears to the pubis and laterally to each mid-axillary line, after which the surgeon scrubs, gowns, and drapes the patient. A second pre-incision surgical pause is completed. An upper midline incision, the abdomen is explored for metastatic disease and the feasibility of esophagogastric junction resection. Subcostal retractors and a liver retractor are placed to allow visualization of the esophageal hiatus. The mobilization of the stomach begins by widely resecting the gastrohepatic omentum until it reaches the right crus. The right crus is visualized and dissected, the peritoneum overlying the esophagogastric junction is incised followed by the dissection of the left crus of the diaphragm. It is important to handle the stomach gently and with care during the procedure. Utilizing ultrasonic coagulating shears, the greater curvature of the stomach is then mobilized by dividing the gastrocolic omentum taking great care to preserve the right gastroepiploic artery. Short gastric vessels are similarly divided with care taken to protect the spleen. A Kocher maneuver is performed mobilizing the proximal duodenum and the hepatic flexure mobilized again protecting the right gastroepiploic artery. The diaphragm anterior to the esophagus is divided. A wide en bloc dissection of the esophagus including all periesophageal tissue flush with the posterior pericardium, both parietal pleura, and the adventia of the thoracic aorta is carefully performed up to the level of the previously mobilized intrathoracic esophagus. Additional posterior attachments of the stomach are then divided by retracting the stomach anteriorly. Celiac axis lymph nodes are resected with the specimen. The left gastric artery is divided flush with the celiac axis. A pyloromyotomy or pyloroplasty is performed. The pylorus is covered with a remnant of omentum. With mobilization of the distal and middle esophagus and stomach completed, attention is turned to the left neck. An incision is made along the anterior border of the left sternocleidomastoid muscle. The sternocleidomastoid muscle and underlying carotid sheath and its contents are retracted to the left, carefully avoiding undue compression on the carotid artery. The neck strap muscles are divided. The trachea and thyroid gland are retracted to the right, carefully avoiding pressure on the tracheoesophageal groove and injury to the left recurrent laryngeal nerve. The middle thyroid vein and inferior thyroid artery are identified, ligated and divided, and the underlying cervical esophagus identified. Carefully avoiding injury to the left recurrent laryngeal nerve in the tracheoesophageal groove, the cervical esophagus is encircled with a rubber drain, and the remaining intra thoracic esophagus carefully bluntly dissected free within the thoracic inlet. The cervical esophagus is divided with a surgical stapler. Frozen section pathology confirms that the proximal esophageal margin is free of tumor. The intrathoracic esophagus and esophagogastric junction is delivered out of the mediastinum through the diaphragmatic hiatus and placed on the anterior chest wall along with the mobilized stomach. The mediastinum is inspected for bleeding. The mediastinum is carefully packed with gauze packs if necessary to facilitate hemostasis. A gastric tube approximately 5 cm in diameter is then created utilizing multiple firings of the stapling device starting just proximal to the pyloroplasty. With each progressive application of the stapler toward the gastric fundus, gentle traction is placed upon the tip of the greater curvature of the stomach to insure construction of as long and straight gastric conduit as is possible. The gastroesophageal junction and juxtaposed tumor are resected with grossly free margins. The longitudinal staple line is over sewn with running suture. Frozen section pathology confirms that the gastric margin is free of tumor. The previously placed packs within the mediastinum are carefully removed and the mediastinum inspected for bleeding. Once hemostasis has been assured, the tip of the mobilized stomach is gently grasped with one hand, which is then inserted through the diaphragmatic hiatus and advanced superiorly through the middle mediastinum behind the trachea and beneath the aortic arch, until the tip of the stomach can be grasped by the second hand inserted downward into the superior and middle mediastinum through the neck incision. Throughout this positioning of the gastric conduit in the original esophageal bed, careful attention to the arterial blood pressure is mandatory so that prolonged hypotension is avoided. Once the tip of the stomach is grasped in the neck, gentle traction on the stomach through the neck incision along with simultaneous gentle pushing of the distal stomach from below results in an adequate length of stomach coming through the neck incision for an esophagogastric anastomosis. Care is taken to insure that the stomach is not twisted as it is brought through the middle mediastinum and out the neck incision. Through the abdominal incision, several sutures between the diaphragmatic hiatus and adjacent stomach are placed to minimize the risk of subsequent herniation of intestine into the chest through the diaphragmatic hiatus. Hemostasis is carefully checked for. A feeding jejunostomy tube may be inserted (separately reported). After careful inspection again for hemostasis, the abdomen is copiously irrigated. The abdominal incision is then closed in multiple layers. Sterile dressings are applied to the abdominal incision. Attention is redirected to the neck. A side-to-side esophagogastric anastomosis is created utilizing the linear stapling device for the posterior portion of the anastomosis. Prior to completing the anterior portion of the anastomosis, a nasogastric tube is placed under direct visualization. The

anterior portion of the anastomosis is then completed with an inner layer of running absorbable suture and an outer layer of interrupted permanent suture. After a careful inspection for hemostasis, the neck wound is irrigated, a cervical wound drain placed, and the neck incision closed with multiple layers of absorbable suture. Sterile dressings are applied to the neck incision. The nasogastric tube is secured in place.

Description of Post-Service Work:
Hospital: The patient is returned to the supine position. Monitor patient during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assist in transfer of patient from operating table to cart. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia and anti-emetics. Instruct nursing staff in care of tubes, drains and other devices. Write immediate postoperative orders. Write brief operative note and place in chart. Discuss procedure and outcome with family. Dictate final operative report and copy referring physician(s). Review post-operative chest x-ray and labs. Write orders for transferring patient to appropriate surgical floor and discuss ongoing care with floor nurses. On a daily basis and at other times as necessary, examine patient, including reviewing vital signs, respiratory status, and gastrointestinal status, and confirming as necessary. Auscultate heart and lungs. Monitor status of incisions and drains looking for signs of infection. Manage wound dressings. Continue prophylaxis for DVT. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status, renal function, and nutritional status. Review nursing/other staff patient chart notes. Write orders for labs, x-rays, medications, nutrition, and patient activity. Chart patient progress notes, daily. Review labs and x-rays (if ordered). Answer patient and family questions. Answer nursing/other staff questions. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. NPO, intravenous, and/or tube feedings). Carefully assess and monitor postoperative nutritional status as maintained by both intravenous and enteral feedings. Obtain and evaluate postoperative barium esophagram to document anastomotic healing and satisfactory emptying of intrathoracic stomach. Advance diet, as appropriate. Discuss in detail post-esophagogastrectomy dietary restrictions for the post-operative period (e.g. liquid, post-gastrectomy, and/or mechanical soft and eventual post-esophagogastrectomy anti-dumping diets and their duration). Write orders for follow-up, post-discharge labs, x-rays, home care, tube feedings, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. The patient is discharged when there is no evidence of infection, return of bowel function, adequate nutritional intake, and pain is adequately controlled, and majority of drains removed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, insurance forms, and correspondence with all necessary providers.

Office: Talk with and examine patient, assess ease of swallowing and pulmonary function. Remove dressings, sutures, and remaining drains when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Discuss advancement of diet with slow introduction of solid foods. Monitor dietary caloric intake by review of calorie counts and patient dietary logs and recording patient's weight. If utilized, adjust tube feedings as necessary. When utilized, eventually remove feeding jejunostomy when appropriate. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Francis C. Nichols, MD FACS; John Howington, MD FACS; Stephen Lahey, MD; Charles Mabry, MD FACS; Nadar Massarweh, MD; Don Selzer, MD FACS; Keton Sheth, MD FACS		
Specialty(s):	Thoracic Surgery (STS, AATS), General Surgery (ACS, SAGES)		
CPT Code:	43112		
Sample Size:	1243	**Resp N:** 65	**Response:** 5.2 %
Description of Sample:	ACS, random sample of membership shelf identified as general surgeons SAGES, random sample of membership STS, members self identified as general thoracic		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	40.00
Survey RVW:	51.43	62.00	**68.00**	77.06	85.50
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**30.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	200.00	300.00	**360.00**	390.00	540.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**290.00**	99231x **3.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	43112	**Recommended Physician Work RVU: 62.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**30.00**	**3.00**	**27.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**360.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**290.00**	99231x **3.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
43124	090	69.09	**RUC Time**

CPT Descriptor Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43121	090	51.43	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
33863	090	58.79	**RUC Time**	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	090	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 16.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 43112	Top Key Reference CPT Code: 43124	2nd Key Reference CPT Code: **43121**
Median Pre-Service Time	105.00	95.00	95.00
Median Intra-Service Time	360.00	243.00	240.00
Median Immediate Post-service Time	45.00	40.00	40.00
Median Critical Care Time	140.0	210.00	70.00
Median Other Hospital Visit Time	290.0	630.00	360.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	102.0	125.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**1097.00**	**1,398.0**	**962.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.47	0.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	0.18
Urgency of medical decision making	0.13	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.87	0.45

Physical effort required	1.07	0.45

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.53	0.09
Outcome depends on the skill and judgment of physician	0.73	0.36
Estimated risk of malpractice suit with poor outcome	0.60	0.09

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.87	0.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: 43107, 43112, 43117, 43286, 43287, 43288

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and made an editorial revision to code 43112. Following the CPT meeting, during Panel minutes review, the vignettes for the new codes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct the vignettes prior to surveying the codes; however, the Panel maintained the altered vignettes.

The STS, AATS, SAGES and ACS conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient. The respondents noted that their typical patient underwent neoadjuvant chemotherapy and radiation therapy prior to surgery. At the February 2016 RUC meeting, the societies submitted a letter to the RUC indicating that we believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. We additionally asked that the three open codes be added to the survey process since it became apparent that there have been substantial changes in the patient population and technology related to patients undergoing open esophagectomy.

The RUC agreed with the specialty societies and recommended:

- The CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018;
- The specialty societies go to the Research Subcommittee to obtain approval for typical patients for all six codes; and
- The specialty societies survey all six codes for the October 2016 RUC meeting.

At the RUC April 2016 RUC meeting, we provided vignettes for all six codes to the Research Subcommittee for review. We also provided supporting information including "*NCCN Clinical Practice Guidelines in Oncology for Esophageal and Esophagogastric Junction Cancers Version 3 (2015)*" and "*Minimally Invasive vs. Open Esophagectomy for Esophageal Cancer: A Comparison of Early Surgical Outcomes from the Society of Thoracic Surgeons National Database"* (Ann Thorac Surg. April 2016).

The Research Subcommittee accepted the proposed vignettes. The STS, AATS, SAGES and ACS conducted a survey for all six codes. For this survey, we included the newly approved language in the outgoing email and in the survey that asked the surgeons to only respond to questions for survey code(s) that they have experience performing or are familiar with.

For the three new codes that were previously surveyed with the faulty vignettes and not presented to the RUC, we have provided the summary data in the RUC summary spreadsheet identified as "SVY-10/15".

For codes 43107, 43112, and 43117 last surveyed during the second 5-year review in 2000, we believe compelling evidence supports an increase in work RVUs.

Compelling Evidence: 43107, 43112, 43117

Background for the 2nd 5-year review in 2000

The second 5-year review in 2000 was complex for many reasons including compression of the fee schedule (ie, the top end of the wRVU scale was compressed) and the large number of codes being reviewed simultaneously by both general surgery (320 codes) and cardiothoracic surgery (90 codes). Additional issues included a circular reference service list for the cardiothoracic codes compounded by compelling evidence issues and the use of mini surveys, which further complicated the review of the general thoracic surgery codes at that time. Unfortunately, due to the complexity of that survey process for so many codes at one time, code 43117 was one of three codes that were surveyed with a circular reference service list (ie, codes that were being surveyed were included on the reference service list) that was not reconciled by the RUC. When the adult and congenital cardiac codes met compelling evidence during the August 2000 Workgroup review, the flawed survey methodology was overcome by using a methodology that cross walked and developed the values related to a then recently reviewed and valued cardiac code. Since the general thoracic surgery codes did not initially meet compelling evidence, the original surveys with the circular references were not addressed. Instead, the original surveys for the three codes, including 43117 were approved after compelling evidence was presented and accepted by the RUC at the October 2000 RUC meeting. In addition, the RUC agreed that the STS could re-survey 9 additional general thoracic codes as part of the 2000 5-year review and present those codes to the RUC at the Feb. 2001 RUC meeting. Those three approved codes, which included 43117, were then used on the reference service list for the 9 code survey before CMS validation, at the newly approved wRVUs from October (40 wRVU for 43117). The 9 code survey included 43107 and 43112. The end result was potential perpetuation of the flawed value of 43117 because 43117 was chosen as the key reference for 43107 and 43112 on the additional survey. In addition, the limited range of the entire physician fee schedule (PFS) in 2000 was an additional challenge with the RSL and review. There were only 48 codes (out of 7,000) with a wRVU above 40 and most of these codes were replantation procedures or skull-base surgical procedures that were rarely performed. In fact, the highest wRVU on the STS 2000 survey RSL where code 43117 was valued was 34.79. This made review and comparison of a procedure with significant intra-time and significant post-operative work (ie, 43117) difficult because the available codes for the RSL didn't compare. Subsequently, for the 2001 STS survey RSL where codes 43107 and 43112 were valued the highest wRVU was a general surgery code with a wRVU of 48.00.

Compelling Evidence

The specialty societies have identified three points that support compelling evidence: flawed survey methodology, rank order anomaly, and a change in work since the last survey review in 2000.

Flawed Methodology

The flawed survey methodology is best summarized as utilization of an inappropriate circular RSL when code 43117 was reviewed in 2000, where the codes that were being surveyed, were also included in the RSL. For the 2000 review of 43117, the RSL utilized was also inadequate to capture the significant work of 43117 because the RSL code with the highest wRVU was much less work than required for 43117. This made it impossible for both the survey respondents and RUC to judge work using magnitude estimation (ie, how much "higher" than the top of a reference scale is appropriate for "significantly more" work than the top code on the scale). Then, the following meeting, for the survey of 43107 and 43112, code 43117 was included in the RSL and was chosen as the key reference for both codes. The end result was perpetuation of the flawed value of 43117. The limited range of the entire physician fee schedule (PFS) during the second 5-year review in 2000 was an additional challenge. The highest valued code on the STS RSL for the survey for 43117 was a Harvard valued code that had a wRVU of 34.79. As evidenced by a general understanding of the complexity of these procedures, the RUC still provided a valuation for 43117 that eclipsed the wRVU of the RSL at 40. However, the effect of this upper-end compression of the fee schedule on the valuation of 43117 was clear and it created a scenario for misvaluation of 43107 and 43112 as they were crosswalked to 43117 the following year.

Incidentally, the code with the highest value on the RSL in 2000 with the wRVU of 34.79 has since been RUC reviewed revalued and is now valued at 59.00 wRVUs. The table titled *Tab 6 - PFS Rank Order Comparison Table* demonstrates the effect of compression reflected in the current valuation of these three open esophagectomy procedures (highlighted in orange) are clear outliers in valuation of procedures with significant intra-operative time and significant post-operative work. Therefore, the elements of a circular and unvalidated RSL and significant wRVU compression in the PFS during the review in 2000 applied by the limitations of the coding hierarchy at the time of the second 5-year review generated a flawed survey process.

Rank order anomaly

Due in large part to the flawed survey methodology described above, there now exists a rank order anomaly for codes 43107, 43112, 43117 with all other 90-day global procedures that have significant intra-time and significant post-operative work. For example, 43117, a procedure that requires both a large thoracotomy incision and a laparotomy is valued less than 43107, a procedure that requires a laparotomy and a neck incision. In addition, 43112, a procedure that requires three incisions including a thoracotomy, laparotomy, and a neck incision, is valued less than 43121, a procedure that necessitates only at thoracotomy incision. Therefore, rank order anomaly, recognized by the RUC and CMS as a source for compelling evidence is demonstrated for all codes 43107, 43112, and 43117.

Change in work

As a result of changes in technology, there has been a dramatic change in total physician work, especially the postoperative management. Over the last 15 years, we have seen advances in technology that allow patients with early stage esophageal cancer to undergo Endoscopic Mucosal Resection (EMR), thereby avoiding major surgical resection. This change in disease management has led to a downward shift in patients undergoing esophagectomy. EMR is now the preferred treatment for patients with Barrett's esophagus with high-grade dysplasia, T1a invasive cancers, and increasingly some T1b invasive cancers. Therefore, patients with Stage 0, Stage 1A, and now even Stage 1B avoid major resection leaving only patients with locally advanced cancers. As a result, the majority of patients undergoing esophagectomy have T2 or greater disease, where this was not the case during the review in 2000. Studies published utilizing the SEER database[1] and National Cancer Database[2] support that patients who now undergo esophageal resection require more complex total care than patient cohorts at the time of the prior survey as they are genuinely sicker patients coming into the surgery, resulting in higher level of post-operative visits.

In summary, during the last review of these codes, an inappropriate circular RSL and an RSL that was significantly impacted by inadequate codes with wRVUs to use as comparators (ie, compression) created a flawed survey methodology. This flawed methodology perpetuated inappropriate valuation and has created rank anomalies for these three codes when compared with other codes in the fee schedule that include significant work. In addition, advancement in technology over the last 15 years has significantly changed the total physician work, most significantly the post-operative work, for codes 43107, 43112, 43117.

1 Cummings, Linda C. et al. *Outcomes after endoscopic versus surgical therapy for early esophageal cancers in an older population;* Gastrointestinal Endoscopy, Volume 84, Issue, 232 - 240.e1

2 Taylor, L. J., Greenberg, C. C., et al. (2016), *Utilization of surgical treatment for local and locoregional esophageal cancer: Analysis of the National Cancer Data Base*; Cancer. doi:10.1002/cncr.30368

Recommendation for 43112

We recommend the survey 25th percentile work RVU of 62.00 for code 43112.

PRE-TIME Package 4

Evaluation (total = 60 minutes): Additional 20 minutes added to package to account for: extensive data review of recent imaging and labs including CT/PET, upper GI endoscopy report. Review chemo/radiation therapy reports from oncology. Coordinate the multi-incisional approach with assistant surgeon, anesthesia, and scrub nurse. Mark all sites. Ensure extensive equipment is available and functioning.

Positioning (total = 30 minutes): Addition 27 minutes added to package to account for padding, positioning, and securing patient to table that will adjust (eg, reverse Trendelenburg, roll, etc.) during the procedure. Also includes additional positioning for neck, chest, and abdominal incisions and accommodation of double lumen endotracheal tube, and lines near operative field.

Scrub, dress, wait (total = 15 minutes): Default to survey median of 15 minutes which is less than package time.

POST-TIME Package 9b

Total = 45 minutes: Additional 12 minutes has been added to package to account for multiple site dressings which will take more than 2 minutes; reversing excessive padding prior to transfer off table which will take more than 1 minute; post-operative notes that will take more than 5 minutes; and post-operative orders which will take more than 5 minutes.

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1398**	95	243	40	3	14	-39	5
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)	**62.00**	0.093	**1097**	105	360	45	2	8	-39	4
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	240	40	1	8	-39	4

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	287	40	2	6	-38	1
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)	**62.00**	0.093	**1097**	105	360	45	2	8	-39	4

Comparison to Other Complex/Intense Procedures

The table below places the recommendations for the survey codes and key reference codes in work RVU order relative to other similarly intense and complex procedures that include significant intraoperative time and significant postoperative work. This table clearly shows that the recommendations are aligned correctly and are appropriately bracketed by the key reference codes.

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	**45.13**	0.095	**806**	63	**240**	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	**46.41**	0.113	**800**	95	**229**	40	1	6	-38	2
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**49.76**	0.105	**883**	95	**264**	40	1	7	-38	2
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	**50.62**	0.112	**949**	105	**240**	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	**50.72**	0.083	**993**	100	**240**	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	**50.93**	0.105	**913**	95	**232**	40	2	6	-39	3

CPT Code: 43112

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	51.43	0.106	962	95	240	40	1	8	-39	4
43107	TRANSHIATAL - OPEN	52.05	0.091	977	95	270	45	2	7	-39	4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	52.19	0.105	882	75	290	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	52.68	0.114	853	95	282	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	52.79	0.073	1,078	90	315	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	53.04	0.124	855	75	225	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	54.08	0.112	789	120	360	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	54.59	0.109	896	115	340	68	0	8	-38	2
43286	TRANSHIATAL - Laparoscopic	55.00	0.106	957	100	300	60	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	56.19	0.097	939	75	360	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	56.47	0.111	1,035	95	286	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	57.06	0.121	939	95	236	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	57.08	0.100	1,127	95	231	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	57.09	0.117	815	120	360	45	0	7	-38	4
47130	Hepatectomy, resection of liver; total right lobectomy	57.19	0.134	870	75	240	45	2	7	-38	3
43117	IVOR LEWIS - OPEN	57.50	0.088	1,067	105	330	45	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.121	905	95	287	40	2	6	-38	1
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	59.00	0.122	866	63	300	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	59.40	0.101	1,073	120	355	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	59.46	0.114	931	80	305	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	59.48	0.100	1,000	75	300	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	59.64	0.095	1,165	140	240	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	59.87	0.122	898	95	297	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	60.04	0.111	1,144	115	280	50	0	15	-38	3
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	60.08	0.130	853	120	300	60	2	4	-38	1
43112	MCKEOWN - OPEN	62.00	0.093	1,097	105	360	45	2	8	-39	4

CPT Code: 43112

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	62.07	0.114	1,059	95	283	40	2	9	-38	2
43287	IVOR LEWIS Laparoscopic, Thoracoscopic	63.00	0.097	1,097	110	360	60	2	7	-39	4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	63.40	0.111	1,194	105	300	50	0	16	-38	3
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	63.41	0.116	874	120	420	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	63.84	0.105	1,182	95	310	40	1	11	-38	4
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	64.00	0.123	986	63	300	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	65.08	0.119	926	63	360	60	2	5	-38	1
43288	MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision	66.42	0.091	1,157	110	420	60	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	67.07	0.111	1,184	95	327	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	67.50	0.110	1,019	135	420	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	69.03	0.114	1,110	110	324	60	3	6	-39	3
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	69.09	0.097	1,398	95	243	40	3	14	-39	5
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	69.63	0.115	1,209	115	360	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	71.50	0.117	1,101	135	420	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	76.93	0.100	1,251	37	296	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	78.00	0.112	1,259	63	360	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	79.44	0.115	1,221	135	480	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	80.06	0.111	1,358	95	391	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	82.87	0.110	1,358	95	461	40	1	12	-39	4
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	83.12	0.109	1,419	95	442	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	84.48	0.113	1,440	130	375	90	4	10	-39	2

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	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) 43112

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Thoracic 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 <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency is unknown although it is estimated that in 2016 there will be 16,910 cases of esophageal cancer. 20% of cases present in a localized fashion such that surgical resection might be considered. This leads to approximately 3000 esophageal resections maximum in total and split between all of the esophagectomy codes.

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? 188
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 Thoracic surgery Frequency 100 Percentage 53.19 %

Specialty General surgery Frequency 60 Percentage 31.91 %

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 43112

If this code is a new/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:43117 Tracking Number G6 Original Specialty Recommended RVU: **57.50**
Presented Recommended RVU: **57.50**
Global Period: 090 RUC Recommended RVU: **57.50**

CPT Descriptor: Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman presents with one month history of progressive dysphagia. Testing revealed a distal esophagogastric junction adenocarcinoma. She received neo-adjuvant chemotherapy and radiation therapy. She now undergoes surgical resection.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 57%

Description of Pre-Service Work: Within the 24 hours prior to surgery, review preadmission work-up, with attention to endoscopic and imaging information and reports including preoperative pathology and pulmonary and cardiac co-morbidities. The patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Update the H&P. Meet with patient and family to review planned procedure and post-operative management. The patient and family are counseled, questions are answered, and operative consent is obtained. Preoperative orders are written. Operative site markings are performed. The surgeon dresses. The surgeon performs the team briefing (anesthesia, OR staff, house staff). The surgeon verifies that all required instruments and supplies are available. The surgeon assists in transfer of patient from cart to operating table. The surgeon waits for the institution of appropriate monitoring, vascular access, DVT prophylaxis, and induction of anesthesia with a single lumen endotracheal tube. An nasogastric tube may be placed if it passes. The surgeon then places the patient in the supine position, and preps the patient. The skin of the anterolateral chest, and abdomen is prepped from the clavicles to the pubis and laterally anterior to each mid-axillary line, after which the surgeon scrubs, gowns, and drapes the patient. The pre-incision surgical pause is completed.

Description of Intra-Service Work: Under general anesthesia through an upper midline incision, the abdomen is explored for metastatic disease and the feasibility of esophagogastric junction resection. Subcostal retractors and a liver retractor are placed to allow visualization of the esophageal hiatus. A nasogastric tube may be placed if it will pass. The mobilization of the stomach begins by widely resecting the gastrohepatic omentum until it reaches the right crus. The right crus is visualized and dissected, the peritoneum overlying the esophagogastric junction is incised followed by the dissection of the left crus of the diaphragm. It is important to handle the stomach gently and with care during the procedure. Utilizing ultrasonic coagulating shears, the greater curvature of the stomach is then mobilized by dividing the gastrocolic omentum taking great care to preserve the right gastroepiploic artery. Short gastric vessels are similarly divided with care taken to protect the spleen. A Kocher maneuver is performed mobilizing the proximal duodenum and the hepatic flexure mobilized again protecting the right gastroepiploic artery. The diaphragm anterior to the esophagus is divided. A wide en bloc dissection of the esophagus including all periesophageal tissue flush with the posterior pericardium, both parietal pleura, and the adventia of the thoracic aorta is carefully performed. Encircling the esophagus with a rubber drain may help with this dissection. Additional posterior attachments of the stomach are then divided by retracting the stomach anteriorly.

Celiac axis lymph nodes are resected with the specimen. The left gastric artery is divided flush with the celiac axis. Further dissection of the esophagus is continued under direct vision within the mediastinum to above the level of the inferior pulmonary veins. A pyloromyotomy or pyloroplasty is performed. The pylorus is covered with a remnant of omentum. A feeding jejunostomy tube may be inserted (separately reported). After careful inspection for hemostasis, the abdomen is copiously irrigated. The abdominal incision is then closed in multiple layers. Sterile dressings are applied to the incision

The entire surgical field is taken down with care to maintain sterility of the surgical equipment and instrumentation for the thoracic portion of the procedure. The single lumen endotracheal tube is changed to a double lumen endotracheal tube for eventual one lung anesthesia. The patient's position is then changed to the left lateral decubitus position. Correct positioning of the double-lumen endotracheal tube assured bronchoscopically. The skin of the right chest wall is prepared. The surgeon the rescrubs, gowns and drapes the patient. A second pre-incision surgical pause is completed. Single lung ventilation is instituted. A right posterolateral thoracotomy is performed dividing extrathoracic muscles with electrocautery for hemostasis and resecting a 1 cm segment of the 5th rib posteriorly to facilitate spreading of the ribs. The chest is explored. The right lung and mediastinum are carefully palpated to assess for metastatic cancer and any unsuspected pulmonary nodules. The right lung is carefully retracted anteriorly while blood pressure is monitored. The inferior pulmonary ligament is divided. The mediastinal pleura overlying the esophagus is divided and resected up to the level of the azygos vein. The azygos vein is divided and the mediastinal pleura opened to the level of the thoracic inlet. A mediastinal lymphadenectomy may be performed (separately reported). Utilizing the ultrasonic coagulating sheers, electrocautery, and blunt dissection, the esophagus and periesophageal tissues are carefully circumferentially mobilized from the diaphragm to just below the thoracic inlet. A rubber drain placed around the esophagus may aid in esophageal traction and exposure. The vagus nerve is divided above the level of the azygos vein with care taken to protect the right recurrent laryngeal nerve. Care is taken to avoid injury to the membranous portions of the trachea, bronchi, thoracic aorta, thoracic duct, and the recurrent laryngeal nerves. The esophagus is divided above the level of the azygos vein. The proximal esophageal margin is sent to frozen section pathology to confirm it is free of tumor. The distal esophagus and stomach are then carefully brought into the chest maintaining proper orientation in order to avoid twisting of the stomach. The esophagogastric junction is widely resected and a gastric tube approximately 5 cm in diameter is created utilizing multiple firings of a linear ending proximal to the pylorus. The gastroesophageal junction and juxtaposed tumor are resected with grossly free margins. The longitudinal staple line is over sewn with running suture. The resected gastric margin is evaluated by frozen section pathology to confirm it is free of tumor. A side-to-side esophagogastric anastomosis is created utilizing the endoscopic linear stapling device for the posterior portion of the anastomosis. Prior to completing the anterior portion of the anastomosis, a nasogastric tube is placed under direct visualization. The anterior portion of the anastomosis is then completed with an inner layer of absorbable suture and an outer layer of interrupted permanent suture. The esophagogastric conduit is carefully placed in the mediastinum and secured in place with interrupted suture. The chest is carefully evaluated for hemostasis and irrigated. Two chest tubes are placed and connected to an appropriate drainage device. The right lung re-expanded. The ribs are carefully re-approximated with pericostal sutures and the chest incision closed in multiple layers of absorbable suture. Sterile dressings are applied.

Description of Post-Service Work:
Hospital: The patient is returned to the supine position. Monitor patient during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assist in transfer of patient from operating table to cart. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia and anti-emetics. Instruct nursing staff in care of tubes, drains and other devices. Write immediate postoperative orders. Write brief operative note and place in chart. Discuss procedure and outcome with family. Dictate final operative report and copy referring physician(s). Review post-operative chest x-ray and labs. Write orders for transferring patient to appropriate surgical floor and discuss ongoing care with floor nurses. On a daily basis and at other times as necessary, examine patient, including reviewing vital signs, respiratory status, and gastrointestinal status, and confirming as necessary. Auscultate heart and lungs. Monitor status of incisions and drains looking for signs of infection. Manage wound dressings. Continue prophylaxis for DVT. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status, renal function, and nutritional status. Review nursing/other staff patient chart notes. Write orders for labs, x-rays, medications, nutrition, and patient activity. Chart patient progress notes, daily. Review labs and x-rays (if ordered). Answer patient and family questions. Answer nursing/other staff questions. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. NPO, intravenous, and/or tube feedings). Carefully assess and monitor postoperative nutritional status as maintained by both intravenous and enteral feedings. Obtain and evaluate postoperative barium esophagram to document anastomotic healing and satisfactory emptying of intrathoracic stomach. Advance diet, as appropriate. Discuss in detail post-esophagogastrectomy dietary restrictions for the post-operative period (e.g. liquid, post-gastrectomy, and/or mechanical soft and eventual post-esophagogastrectomy anti-dumping diets and their duration). Write orders for follow-up, post-discharge labs, x-rays, home care, tube feedings, and

physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. The patient is discharged when there is no evidence of infection, return of bowel function, adequate nutritional intake, and pain is adequately controlled, and majority of drains removed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, insurance forms, and correspondence with all necessary providers.

Office:Talk with and examine patient, assess ease of swallowing and pulmonary function. Remove dressings, sutures, and remaining drains when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Discuss advancement of diet with slow introduction of solid foods. Monitor dietary caloric intake by review of calorie counts and patient dietary logs and recording patient's weight. If utilized, adjust tube feedings as necessary. When utilized, eventually remove feeding jejunostomy tube when appropriate. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Francis C. Nichols, MD FACS; John Howington, MD FACS; Stephen Lahey, MD; Charles Mabry, MD FACS; Nadar Massarweh, MD; Don Selzer, MD FACS; Keton Sheth, MD FACS		
Specialty(s):	Thoracic Surgery (STS, AATS), General Surgery (ACS, SAGES)		
CPT Code:	43117		
Sample Size:	1243	**Resp N:** 67	**Response:** 5.3 %
Description of Sample:	ACS, random sample of membership shelf identified as general surgeons SAGES, random sample of membership STS, members self identified as general thoracic		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	10.00	40.00
Survey RVW:	50.00	57.50	**65.00**	75.00	84.48
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**30.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	180.00	300.00	**330.00**	360.00	500.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**290.00**	99231x **3.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	43117	**Recommended Physician Work RVU: 57.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**30.00**	**3.00**	**27.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**330.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**290.00**	99231x **3.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
43121	090	51.43	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43118	090	67.07	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
33863	090	58.79	**RUC Time**	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	090	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 37.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 14.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 43117	**Top Key Reference CPT Code:** 43121	**2nd Key Reference CPT Code:** **43118**
Median Pre-Service Time	105.00	95.00	95.00
Median Intra-Service Time	330.00	240.00	327.00
Median Immediate Post-service Time	45.00	40.00	40.00
Median Critical Care Time	140.0	70.00	70.00
Median Other Hospital Visit Time	290.0	360.00	495.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	102.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**1067.00**	**962.00**	**1,184.0**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.28	0.10
Urgency of medical decision making	0.20	0.30
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.48	0.00

Physical effort required	0.44	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.40	0.40
Outcome depends on the skill and judgment of physician	0.44	0.30
Estimated risk of malpractice suit with poor outcome	0.28	0.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code

Time Segment (Mean)

Overall intensity/complexity	0.44	0.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: 43107, 43112, 43117, 43286, 43287, 43288

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and made an editorial revision to code 43112. Following the CPT meeting, during Panel minutes review, the vignettes for the new codes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct the vignettes prior to surveying the codes; however, the Panel maintained the altered vignettes.

The STS, AATS, SAGES and ACS conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient. The respondents noted that their typical patient underwent neoadjuvant chemotherapy and radiation therapy prior to surgery. At the February 2016 RUC meeting, the societies submitted a letter to the RUC indicating that we believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. We additionally asked that the three open codes be added to the survey process since it became apparent that there have been substantial changes in the patient population and technology related to patients undergoing open esophagectomy.

The RUC agreed with the specialty societies and recommended:

- The CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018;
- The specialty societies go to the Research Subcommittee to obtain approval for typical patients for all six codes; and
- The specialty societies survey all six codes for the October 2016 RUC meeting.

At the RUC April 2016 RUC meeting, we provided vignettes for all six codes to the Research Subcommittee for review. We also provided supporting information including "*NCCN Clinical Practice Guidelines in Oncology for Esophageal and Esophagogastric Junction Cancers Version 3 (2015)*" and "*Minimally Invasive vs. Open Esophagectomy for Esophageal Cancer: A Comparison of Early Surgical Outcomes from the Society of Thoracic Surgeons National Database"* (Ann Thorac Surg. April 2016).

The Research Subcommittee accepted the proposed vignettes. The STS, AATS, SAGES and ACS conducted a survey for all six codes. For this survey, we included the newly approved language in the outgoing email and in the survey that asked the surgeons to only respond to questions for survey code(s) that they have experience performing or are familiar with.

For the three new codes that were previously surveyed with the faulty vignettes and not presented to the RUC, we have provided the summary data in the RUC summary spreadsheet identified as "SVY-10/15".

For codes 43107, 43112, and 43117 last surveyed during the second 5-year review in 2000, we believe compelling evidence supports an increase in work RVUs.

Compelling Evidence: 43107, 43112, 43117

Background for the 2nd 5-year review in 2000

The second 5-year review in 2000 was complex for many reasons including compression of the fee schedule (ie, the top end of the wRVU scale was compressed) and the large number of codes being reviewed simultaneously by both general surgery (320 codes) and cardiothoracic surgery (90 codes). Additional issues included a circular reference service list for the cardiothoracic codes compounded by compelling evidence issues and the use of mini surveys, which further complicated the review of the general thoracic surgery codes at that time. Unfortunately, due to the complexity of that survey process for so many codes at one time, code 43117 was one of three codes that were surveyed with a circular reference service list (ie, codes that were being surveyed were included on the reference service list) that was not reconciled by the RUC. When the adult and congenital cardiac codes met compelling evidence during the August 2000 Workgroup review, the flawed survey methodology was overcome by using a methodology that cross walked and developed the values related to a then recently reviewed and valued cardiac code. Since the general thoracic surgery codes did not initially meet compelling evidence, the original surveys with the circular references were not addressed. Instead, the original surveys for the three codes, including 43117 were approved after compelling evidence was presented and accepted by the RUC at the October 2000 RUC meeting. In addition, the RUC agreed that the STS could re-survey 9 additional general thoracic codes as part of the 2000 5-year review and present those codes to the RUC at the Feb. 2001 RUC meeting. Those three approved codes, which included 43117, were then used on the reference service list for the 9 code survey before CMS validation, at the newly approved wRVUs from October (40 wRVU for 43117). The 9 code survey included 43107 and 43112. The end result was potential perpetuation of the flawed value of 43117 because 43117 was chosen as the key reference for 43107 and 43112 on the additional survey. In addition, the limited range of the entire physician fee schedule (PFS) in 2000 was an additional challenge with the RSL and review. There were only 48 codes (out of 7,000) with a wRVU above 40 and most of these codes were replantation procedures or skull-base surgical procedures that were rarely performed. In fact, the highest wRVU on the STS 2000 survey RSL where code 43117 was valued was 34.79. This made review and comparison of a procedure with significant intra-time and significant post-operative work (ie, 43117) difficult because the available codes for the RSL didn't compare. Subsequently, for the 2001 STS survey RSL where codes 43107 and 43112 were valued the highest wRVU was a general surgery code with a wRVU of 48.00.

Compelling Evidence

The specialty societies have identified three points that support compelling evidence: flawed survey methodology, rank order anomaly, and a change in work since the last survey review in 2000.

Flawed Methodology

The flawed survey methodology is best summarized as utilization of an inappropriate circular RSL when code 43117 was reviewed in 2000, where the codes that were being surveyed, were also included in the RSL. For the 2000 review of 43117, the RSL utilized was also inadequate to capture the significant work of 43117 because the RSL code with the highest wRVU was much less work than required for 43117. This made it impossible for both the survey respondents and RUC to judge work using magnitude estimation (ie, how much "higher" than the top of a reference scale is appropriate for "significantly more" work than the top code on the scale). Then, the following meeting, for the survey of 43107 and 43112, code 43117 was included in the RSL and was chosen as the key reference for both codes. The end result was perpetuation of the flawed value of 43117. The limited range of the entire physician fee schedule (PFS) during the second 5-year review in 2000 was an additional challenge. The highest valued code on the STS RSL for the survey for 43117 was a Harvard valued code that had a wRVU of 34.79. As evidenced by a general understanding of the complexity of these procedures, the RUC still provided a valuation for 43117 that eclipsed the wRVU of the RSL at 40. However, the effect of this upper-end compression of the fee schedule on the valuation of 43117 was clear and it created a scenario for misvaluation of 43107 and 43112 as they were crosswalked to 43117 the following year.

Incidentally, the code with the highest value on the RSL in 2000 with the wRVU of 34.79 has since been RUC reviewed revalued and is now valued at 59.00 wRVUs. The table titled *Tab 6 - PFS Rank Order Comparison Table* demonstrates the effect of compression reflected in the current valuation of these three open esophagectomy procedures (highlighted in orange) are clear outliers in valuation of procedures with significant intra-operative time and significant post-operative work. Therefore, the elements of a circular and unvalidated RSL and significant wRVU compression in the PFS during the review in 2000 applied by the limitations of the coding hierarchy at the time of the second 5-year review generated a flawed survey process.

Rank order anomaly

Due in large part to the flawed survey methodology described above, there now exists a rank order anomaly for codes 43107, 43112, 43117 with all other 90-day global procedures that have significant intra-time and significant post-operative work. For example, 43117, a procedure that requires both a large thoracotomy incision and a laparotomy is valued less than 43107, a procedure that requires a laparotomy and a neck incision. In addition, 43112, a procedure that requires three incisions including a thoracotomy, laparotomy, and a neck incision, is valued less than 43121, a procedure that necessitates only at thoracotomy incision. Therefore, rank order anomaly, recognized by the RUC and CMS as a source for compelling evidence is demonstrated for all codes 43107, 43112, and 43117.

Change in work

As a result of changes in technology, there has been a dramatic change in total physician work, especially the postoperative management. Over the last 15 years, we have seen advances in technology that allow patients with early stage esophageal cancer to undergo Endoscopic Mucosal Resection (EMR), thereby avoiding major surgical resection. This change in disease management has led to a downward shift in patients undergoing esophagectomy. EMR is now the preferred treatment for patients with Barrett's esophagus with high-grade dysplasia, T1a invasive cancers, and increasingly some T1b invasive cancers. Therefore, patients with Stage 0, Stage 1A, and now even Stage 1B avoid major resection leaving only patients with locally advanced cancers. As a result, the majority of patients undergoing esophagectomy have T2 or greater disease, where this was not the case during the review in 2000. Studies published utilizing the SEER database[1] and National Cancer Database[2] support that patients who now undergo esophageal resection require more complex total care than patient cohorts at the time of the prior survey as they are genuinely sicker patients coming into the surgery, resulting in higher level of post-operative visits.

In summary, during the last review of these codes, an inappropriate circular RSL and an RSL that was significantly impacted by inadequate codes with wRVUs to use as comparators (ie, compression) created a flawed survey methodology. This flawed methodology perpetuated inappropriate valuation and has created rank anomalies for these three codes when compared with other codes in the fee schedule that include significant work. In addition, advancement in technology over the last 15 years has significantly changed the total physician work, most significantly the post-operative work, for codes 43107, 43112, 43117.

1 Cummings, Linda C. et al. *Outcomes after endoscopic versus surgical therapy for early esophageal cancers in an older population;* Gastrointestinal Endoscopy, Volume 84, Issue, 232 - 240.e1

2 Taylor, L. J., Greenberg, C. C., et al. (2016), *Utilization of surgical treatment for local and locoregional esophageal cancer: Analysis of the National Cancer Data Base*; Cancer. doi:10.1002/cncr.30368

Recommendation for 43117

We recommend the survey 25th percentile work RVU of 57.50 for code 43117.

PRE-TIME Package 4

Evaluation (total = 60 minutes): Additional 20 minutes added to package to account for: extensive data review of recent imaging and labs including CT/PET, upper GI endoscopy report. Review chemo/radiation therapy reports from oncology. Coordinate the multi-incisional approach with assistant surgeon, anesthesia, and scrub nurse. Mark all sites. Ensure extensive equipment is available and functioning.

Positioning (total = 30 minutes): Addition 27 minutes added to package to account for padding, positioning, and securing patient to table that will adjust (eg, reverse Trendelenburg) during the procedure. Also includes additional positioning for neck, chest, and abdominal incisions and accommodation of double lumen endotracheal tube, and lines near operative field.

Scrub, dress, wait (total = 15 minutes): Default to survey median of 15 minutes which is less than package time.

POST-TIME Package 9b

Total = 45 minutes: Additional 12 minutes has been added to package to account for multiple site dressings which will take more than 2 minutes; reversing excessive padding prior to transfer off table which will take more than 1 minute; post-operative notes that will take more than 5 minutes; and post-operative orders which will take more than 5 minutes.

Critical Care

The 2016 survey data shows that 2 critical care visits (99291) are now inherent in postoperative care for code 43117, which is a change from the current inputs from 2000. As indicated, data from the SEER database[1] and National Cancer Database[2] support that patients who now undergo esophageal resection require more complex total care than patient cohorts at the time of the prior survey as they are genuinely sicker patients. This is reflected in the change in critical care visit from 1 to 2 for 43117 and the shift to higher level postoperative visits for the other open codes.

Patient's who have an Ivor Lewis esophageal resection typically spend 5 – 6 hours under general anesthesia. These patients are in critical condition after this physiologically hostile procedure that involves invasion and disruption of the organs and structures in the chest and abdominal cavities including resection of the esophagus and the stomach. The surgeon must manage the functions of one or more vital organ systems during the immediate post operative period to assess, and manipulate recovery after surgery to prevent deterioration in the patient's condition.

The operating surgeon is best positioned to understand the nuances of postoperative care for these complex patients in the ICU and will take the lead in patient management which includes but is not limited to the following: These patients have significant 3rd spacing fluid changes in the first 48 to 72 hours and are at risk of vocal cord paresis, or paralysis. The patient's are at risk for mediastinal bleeding and the anastomotic sites must be closely managed and monitored for leakage. They also have a higher than usual need for blood transfusion. They need aggressive pulmonary care for secretion control to prevent atelectasis and in turn pneumonia. They need careful monitoring of their blood pressure and urine output. Management of NG tube or other issues that limits the patient's ability to cough early on is also imperative. Pain management of the thoracotomy and laparotomy is also required. These patient's have two chest tubes in the right chest, an epidural catheter for pain control and Foley catheter for strict in and out monitoring, an arterial line for blood pressure monitoring.

1 Cummings, Linda C. et al. *Outcomes after endoscopic versus surgical therapy for early esophageal cancers in an older population;* Gastrointestinal Endoscopy, Volume 84, Issue, 232 - 240.e1

2 Taylor, L. J., Greenberg, C. C., et al. (2016), *Utilization of surgical treatment for local and locoregional esophageal cancer: Analysis of the National Cancer Data Base*; Cancer. doi:10.1002/cncr.30368

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	240	40	1	8	-39	4
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	**57.50**	0.088	**1067**	105	330	45	2	8	-39	4
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**67.07**	0.111	**1184**	95	327	40	1	11	-39	4

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV

CPT Code: 43117

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	287	40	2	6	-38	1
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	**57.50**	0.088	**1067**	105	330	45	2	8	-39	4

Comparison to Other Complex/Intense Procedures

The table below places the recommendations for the survey codes and key reference codes in work RVU order relative to other similarly intense and complex procedures that include significant intraoperative time and significant postoperative work. This table clearly shows that the recommendations are aligned correctly and are appropriately bracketed by the key reference codes.

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	**45.13**	0.095	**806**	63	**240**	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	**46.41**	0.113	**800**	95	**229**	40	1	6	-38	2
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**49.76**	0.105	**883**	95	**264**	40	1	7	-38	2
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	**50.62**	0.112	**949**	105	**240**	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	**50.72**	0.083	**993**	100	**240**	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	**50.93**	0.105	**913**	95	**232**	40	2	6	-39	3
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	**240**	40	1	8	-39	4
43107	**TRANSHIATAL - OPEN**	**52.05**	**0.091**	**977**	95	**270**	**45**	2	7	-39	4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	**52.19**	0.105	**882**	75	**290**	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	**52.68**	0.114	**853**	95	**282**	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	**52.79**	0.073	**1,078**	90	**315**	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	**53.04**	0.124	**855**	75	**225**	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	**54.08**	0.112	**789**	120	**360**	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	**54.59**	0.109	**896**	115	**340**	68	0	8	-38	2
43286	**TRANSHIATAL - Laparoscopic**	**55.00**	**0.106**	**957**	100	**300**	**60**	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	**56.19**	0.097	**939**	75	**360**	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	**56.47**	0.111	**1,035**	95	**286**	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	**57.06**	0.121	**939**	95	**236**	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	**57.08**	0.100	**1,127**	95	**231**	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	**57.09**	0.117	**815**	120	**360**	45	0	7	-38	4

CPT Code: 43117

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
47130	Hepatectomy, resection of liver; total right lobectomy	**57.19**	0.134	**870**	75	**240**	45	2	7	-38	3
43117	**IVOR LEWIS - OPEN**	**57.50**	**0.088**	**1,067**	105	**330**	**45**	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	**287**	40	2	6	-38	1
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	**59.00**	0.122	**866**	63	**300**	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	**59.40**	0.101	**1,073**	120	**355**	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	**59.46**	0.114	**931**	80	**305**	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	**59.48**	0.100	**1,000**	75	**300**	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	**59.64**	0.095	**1,165**	140	**240**	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	**59.87**	0.122	**898**	95	**297**	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	**60.04**	0.111	**1,144**	115	**280**	50	0	15	-38	3
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	**60.08**	0.130	**853**	120	**300**	60	2	4	-38	1
43112	**MCKEOWN - OPEN**	**62.00**	**0.093**	**1,097**	105	**360**	**45**	2	8	-39	4
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	**62.07**	0.114	**1,059**	95	**283**	40	2	9	-38	2
43287	**IVOR LEWIS Laparoscopic, Thoracoscopic**	**63.00**	**0.097**	**1,097**	110	**360**	**60**	2	7	-39	4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	**63.40**	0.111	**1,194**	105	**300**	50	0	16	-38	3
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	**63.41**	0.116	**874**	120	**420**	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	**63.84**	0.105	**1,182**	95	**310**	40	1	11	-38	4
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	**64.00**	0.123	**986**	63	**300**	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	**65.08**	0.119	**926**	63	**360**	60	2	5	-38	1
43288	**MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision**	**66.42**	**0.091**	**1,157**	110	**420**	**60**	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**67.07**	0.111	**1,184**	95	**327**	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	**67.50**	0.110	**1,019**	135	**420**	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	**69.03**	0.114	**1,110**	110	**324**	60	3	6	-39	3
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1,398**	95	**243**	40	3	14	-39	5

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	**69.63**	0.115	**1,209**	115	**360**	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	**71.50**	0.117	**1,101**	135	**420**	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	**76.93**	0.100	**1,251**	37	**296**	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	**78.00**	0.112	**1,259**	63	**360**	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	**79.44**	0.115	**1,221**	135	**480**	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**80.06**	0.111	**1,358**	95	**391**	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	**82.87**	0.110	**1,358**	95	**461**	40	1	12	-39	4
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**83.12**	0.109	**1,419**	95	**442**	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	**84.48**	0.113	**1,440**	130	**375**	90	4	10	-39	2
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	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) 43117

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 Thoracic 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 frequency is unknown although it is estimated that in 2016 there will be 16,910 cases of esophageal cancer. 20% of cases present in a localized fashion such that surgical resection might be considered. This leads to approximately 3000 esophageal resections maximum in total and split between all of the esophagectomy codes.

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? 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 Thoracic surgery Frequency 400 Percentage 56.73 %

Specialty General surgery Frequency 200 Percentage 28.36 %

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 43117

If this code is a new/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:43286 Tracking Number G1 Original Specialty Recommended RVU: **55.00**
Presented Recommended RVU: **55.00**
Global Period: 090 RUC Recommended RVU: **55.00**

CPT Descriptor: Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old man presents with a history that includes gastroesophageal reflux, progressive dysphagia and testing that revealed a distal esophageal adenocarcinoma arising within long segment Barrett's esophagus with multifocal high-grade dysplasia. He undergoes esophageal resection and reconstruction.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 50%

Description of Pre-Service Work: Within the 24 hours prior to surgery, review preadmission work-up, with attention to endoscopic and imaging information and reports including preoperative pathology and pulmonary and cardiac co-morbidities. The patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Update the H&P. Meet with patient and family to review planned procedure and post-operative management. The patient and family are counseled, questions are answered, and operative consent is obtained. Preoperative orders are written. Operative site markings are performed. The surgeon dresses. The surgeon performs the team briefing (anesthesia, OR staff, house staff). The surgeon verifies that all required instruments and supplies are available, including reusable and disposable laparoscopic equipment. The surgeon assists in transfer of patient from cart to operating table. The surgeon waits for the institution of appropriate monitoring, vascular access, DVT prophylaxis, and induction of anesthesia. The surgeon then places the patient in a modified lithotomy position with additional special positioning of the neck and arms is required. The skin of the neck, anterolateral chest, and abdomen is prepped from the lower ears to the pubis and laterally to each mid-axillary line, after which the surgeon scrubs, gowns, and drapes the patient. The surgeon then assures that: 1) all equipment necessary for laparoscopy (laparoscopes, fiberoptic light cord, video camera, cautery cord, etc.) is placed in the field, assembled, and fixed to the drapes; 2) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light, video and cautery equipment; 3) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). The pre-incision surgical pause is completed.

Description of Intra-Service Work: Under general anesthesia, an orogastric tube may be placed to decompress the stomach if it will pass. Surgical laparoscopy is performed. Utilizing local infiltrative anesthetic, pneumoperitoneum is established to distend the abdomen, and the laparoscope is introduced. Gas flow and intra-abdominal pressure are carefully monitored so as not to impair ventilation or decrease venous return. Utilizing local infiltrative anesthetic, in total, four to six 5-mm to 12-mm trocars are inserted through the anterior abdominal wall. The abdominal cavity and viscera are inspected to rule out metastatic disease. A liver retractor is inserted and the liver retracted to allow visualization of the esophageal hiatus. The mobilization of the stomach begins by widely resecting the gastrohepatic omentum until it reaches the right crus. The right crus is visualized, the phrenoesophageal membrane is incised and dissected followed by the dissection of the left crus of

the diaphragm. It is important to handle the stomach gently and with extreme care during the procedure. The greater curvature of the stomach is then mobilized by dividing the short gastric vessels with the ultrasonic coagulating shears. Care is taken to protect the spleen. The gastrocolic omentum is then divided with care taken to preserve the right gastroepiploic artery. A Kocher maneuver is performed mobilizing the proximal duodenum. The posterior attachments of the stomach are then divided by retracting the stomach anteriorly. Celiac axis lymph nodes are resected with the specimen. The left gastric artery is divided with an endovascular stapling device. An endoscopic pyloroplasty is performed in a Heineke-Mikulicz fashion. The pylorus is incised longitudinally and then closed transversely with interrupted sutures. The pyloroplasty is covered with a remnant of omentum . Transhiatal dissection of the esophagus is then performed. The diaphragm anterior to the esophagus is divided, and a circumferential dissection of the esophagus to above the level of the carina performed. Care is taken to avoid opening the pleura. A gastric tube approximately 5 cm in diameter is then created utilizing multiple firings of the linear endoscopic stapler starting just proximal to the pyloroplasty. The gastroesophageal junction and juxtaposed tumor are resected with grossly free margins. The longitudinal staple line is over sewn with running suture. The tubularized gastric conduit is then secured to the proximal stomach remnant with interrupted suture. A laparoscopic feeding jejunostomy tube may be inserted (separately reported). The abdomen is inspected to be sure hemostasis is adequate. The pneumoperitoneum is deflated. Attention is turned to the left neck, where an incision is made along the anterior border of the sternocleidomastoid muscle. The sternocleidomastoid muscle and underlying carotid sheath and its contents are retracted to the left, carefully avoiding undue compression on the carotid artery. The neck strap muscles are divided. The trachea and thyroid gland are retracted to the right, carefully avoiding pressure on the tracheoesophageal groove and injury to the left recurrent laryngeal nerve. The middle thyroid vein and inferior thyroid artery are identified, ligated and divided, and the underlying cervical esophagus identified. Carefully avoiding injury to the left recurrent laryngeal nerve in the tracheoesophageal groove, the cervical esophagus is encircled with a rubber drain, and the remaining high thoracic esophagus carefully bluntly dissected free within the thoracic inlet and chest and now the completely mobilized esophagus brought into the neck wound. The cervical esophagus is divided with a surgical stapler. Pneumoperitoneum is restored and under direct visualization so as not to twist the gastric conduit, the distal esophagus, proximal stomach and attached gastric conduit then gently pulled up through the mediastinum and out through the cervical incision. The resected tumor is removed through the neck incision and removed from the surgical field. Frozen section pathology confirms that the proximal esophageal and distal gastric margins are free of tumor. Hemostasis within the mediastinum is checked for. Throughout this portion of the procedure careful attention to the arterial blood pressure is mandatory. In order to perform the esophagogastric anastomosis, the tip of the stomach is grasped via the neck incision and gentle traction on the stomach is used to deliver an adequate length of the gastric conduit out the neck incision. A side-to-side esophagogastric anastomosis is created utilizing the linear stapling device for the posterior portion of the anastomosis. Prior to completing the anterior portion of the anastomosis, a nasogastric tube is placed under direct visualization. The anterior portion of the anastomosis is then completed with an inner layer of running absorbable suture and an outer layer of interrupted permanent suture. After a careful inspection for hemostasis, the neck wound is irrigated, a cervical wound drain placed, and the neck incision closed with multiple layers of absorbable suture. Attention is redirected to the abdomen where hemostasis is carefully checked for. The liver retractor and then trocars are removed under direct vision. All abdominal trocar sites are inspected for hemostasis, irrigated, and then closed with multiple layers of absorbable suture. Sterile dressings are applied to all incisions. The nasogastric tube is secured in place.

Description of Post-Service Work:
Hospital: The patient is returned to a supine position. Monitor patient during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assist in transfer of patient from operating table to cart. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia and anti-emetics. Instruct nursing staff in care of tubes, drains and other devices. Write immediate postoperative orders. Write brief operative note and place in chart. Discuss procedure and outcome with family. Dictate final operative report and copy referring physician(s). Review post-operative chest x-ray and labs. Write orders for transferring patient to appropriate surgical floor and discuss ongoing care with floor nurses. On a daily basis and at other times as necessary, examine patient, including reviewing vital signs, respiratory status, gastrointestinal status, and confirming as necessary. Auscultate heart and lungs. Monitor status of incisions and drains looking for signs of infection. Manage wound dressings. Continue prophylaxis for DVT. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status, renal function, and nutritional status. Review nursing/other staff patient chart notes. Write orders for labs, x-rays, medications, nutrition, and patient activity. Chart patient progress notes, daily. Review labs and x-rays (if ordered). Answer patient and family questions. Answer nursing/other staff questions. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. NPO, intravenous, and/or tube feedings). Carefully assess and monitor postoperative nutritional status as maintained by both intravenous and enteral feedings. Obtain and evaluate postoperative esophagram to document anastomotic healing and satisfactory emptying of intrathoracic stomach. Advance diet, as appropriate. Discuss in detail post-esophagogastrectomy dietary restrictions for the post-operative period (e.g. liquid, post-

gastrectomy, and/or mechanical soft and eventual post-esophagogastrectomy anti-dumping diets and their duration). Write orders for follow-up, post-discharge labs, x-rays, home care, tube feedings, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. The patient is discharged when there is no evidence of infection return of bowel function, adequate nutritional intake, pain is adequately controlled, and majority of drains removed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, insurance forms, and correspondence with all necessary providers.

Office: Talk with and examine patient, assess ease of swallowing and pulmonary function. Remove dressings, sutures, and remaining drains when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Discuss advancement of diet with slow introduction of solid foods. Monitor dietary caloric intake by review of calorie counts and patient dietary logs and recording patient's weight. If utilized, adjust tube feedings as necessary. When utilized, eventually remove feeding jejunostomy tube when appropriate. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Francis C. Nichols, MD FACS; John Howington, MD FACS; Stephen Lahey, MD; Charles Mabry, MD FACS; Nadar Massarweh, MD; Don Selzer, MD FACS; Keton Sheth, MD FACS		
Specialty(s):	Thoracic Surgery (STS, AATS), General Surgery (ACS, SAGES)		
CPT Code:	43286		
Sample Size:	1243	**Resp N:** 56	**Response:** 4.5 %
Description of Sample:	ACS, random sample of membership shelf identified as general surgeons SAGES, random sample of membership STS, members self identified as general thoracic		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	30.00
Survey RVW:	45.00	55.00	**65.00**	72.50	90.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	210.00	300.00	**300.00**	360.00	600.00

Immediate Post Service-Time:	**60.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	43286	**Recommended Physician Work RVU: 55.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**300.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**60.00**	**33.00**	**27.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
43121	090	51.43	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43124	090	69.09	**RUC Time**

CPT Descriptor Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
33863	090	58.79	**RUC Time**	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	090	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 28.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 21.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 43286	Top Key Reference CPT Code: 43121	2nd Key Reference CPT Code: **43124**
Median Pre-Service Time	100.00	95.00	95.00
Median Intra-Service Time	300.00	240.00	243.00
Median Immediate Post-service Time	60.00	40.00	40.00
Median Critical Care Time	70.0	70.00	210.00
Median Other Hospital Visit Time	270.0	360.00	630.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	102.0	102.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**957.00**	**962.00**	**1,398.0**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.42
Urgency of medical decision making	0.44	-0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.63	1.17

Physical effort required	1.19	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.63	0.58
Outcome depends on the skill and judgment of physician	0.94	1.08
Estimated risk of malpractice suit with poor outcome	0.63	0.67

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.25	1.08

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: 43107, 43112, 43117, 43286, 43287, 43288

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and made an editorial revision to code 43112. Following the CPT meeting, during Panel minutes review, the vignettes for the new codes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct the vignettes prior to surveying the codes; however, the Panel maintained the altered vignettes.

The STS, AATS, SAGES and ACS conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient. The respondents noted that their typical patient underwent neoadjuvant chemotherapy and radiation therapy prior to surgery. At the February 2016 RUC meeting, the societies submitted a letter to the RUC indicating that we believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. We additionally asked that the three open codes be added to the survey process since it became apparent that there have been substantial changes in the patient population and technology related to patients undergoing open esophagectomy.

The RUC agreed with the specialty societies and recommended:

- The CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018;
- The specialty societies go to the Research Subcommittee to obtain approval for typical patients for all six codes; and
- The specialty societies survey all six codes for the October 2016 RUC meeting.

At the RUC April 2016 RUC meeting, we provided vignettes for all six codes to the Research Subcommittee for review. We also provided supporting information including "*NCCN Clinical Practice Guidelines in Oncology for Esophageal and Esophagogastric Junction Cancers Version 3* (2015)" and "*Minimally Invasive vs. Open Esophagectomy for Esophageal Cancer: A Comparison of Early Surgical Outcomes from the Society of Thoracic Surgeons National Database*" (Ann Thorac Surg. April 2016).

The Research Subcommittee accepted the proposed vignettes. The STS, AATS, SAGES and ACS conducted a survey for all six codes. For this survey, we included the newly approved language in the outgoing email and in the survey that asked the surgeons to only respond to questions for survey code(s) that they have experience performing or are familiar with.

For the three new codes that were previously surveyed with the faulty vignettes and not presented to the RUC, we have provided the summary data in the RUC summary spreadsheet identified as "SVY-10/15".

Summary of the differences between the 10/2015 survey and 10/2016 survey of the laparoscopic/ thoracoscopic esophagectomy codes (43286, 43287, 43288):

- ***Vignettes:*** The RUC Research Subcommittee approved changes to the vignettes for codes 43287 and 43288 by adding the sentence "She received neo-adjuvant chemotherapy and radiation therapy." to both vignettes.
- ***RSL:*** Codes 43107 and 43112 were included in the 10/15 RSL, but removed from the 10/16 RSL since they were being surveyed. This resulted in a large wRVU gap (39.53 – 51.43) in the middle of the RSL where the two open codes had been removed. Two general surgery codes (43622 and 43415) were added to fill in that gap. In addition, the Research Subcommittee requested that wRVU range was inappropriate (too low and too high), so codes were removed from the lower end and the higher end.
- ***Response rate:*** There were more survey respondents for the 2016 surveys and those respondents had more experience. For example, for code 43286, the median experience in 10/2015 was zero. For the 10/2016, the median experience was 1.
- ***Survey process:*** The same survey process was used for the 2015 and 2016 surveys. The ACS sent surveys to a random sample of the membership self identified as general surgeons, the STS sent surveys to members self identified as general thoracic surgeons and SAGES sent surveys to a random sample of their membership. The surveys were not sent to the exact same lists for the 2015 and 2016 surveys; new random samples from each specialty were selected, although some of the respondents may have been the same. In addition, only the laparoscopic/thoracoscopic codes were surveyed for 10/15, however, for 10/16, the open and laparoscopic/thoracoscopic codes were surveyed together.

Recommendation for 43286

We recommend the survey 25th percentile work RVU of 55.00 for code 43286.

PRE-TIME Package 4

Evaluation (total = 60 minutes): Additional 20 minutes added to package to account for: extensive data review of recent imaging and labs including CT/PET, upper GI endoscopy report. Review chemo/radiation therapy reports from oncology. Coordinate the multi-incisional approach with assistant surgeon, anesthesia, and scrub nurse. Mark all sites. Ensure extensive equipment is available and functioning.

Positioning (total = 20 minutes): Addition 17 minutes added to package to account for padding, positioning, and securing patient to table that will adjust (eg, reverse Trendelenburg, roll, etc.) during the procedure. Also includes additional positioning for neck, chest, and abdominal incisions, and lines near operative field. Additional positioning is also necessary for endoscopy work to get monitors for all scopes into view of the surgeons.

Scrub, dress, wait (total = 20 minutes): Package time.

POST-TIME Package 9b

Total time = 60 minutes:

- Additional 12 minutes has been added to package account for multiple site dressings which will take more than 2 minutes; reversing excessive padding prior to transfer off table which will take more than 1 minute; post-operative notes that will take more than 5 minutes; and post-operative orders which will take more than 5 minutes.
- Additional 15 minutes has been added to package to account for additional immediate post-op work. For the open codes, the patient's anesthesia level is reduced after the fascia is closed and while the skin is closed and dressings applied. However, for the laparoscopic scope codes, anesthesia needs to be maintained at full level

until the last scope is pulled, intraperitoneal gas is allowed to escape and the skin is closed. This results in a longer time to monitor the patient prior to extubation and moving the patient to recovery.

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	240	40	1	8	-39	4
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	**55.00**	0.106	**957**	100	300	60	1	7	-39	4
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1398**	95	243	40	3	14	-39	5

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	287	40	2	6	-38	1
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	**55.00**	0.106	**957**	100	300	60	1	7	-39	4

Comparison to Other Complex/Intense Procedures

The table below places the recommendations for the survey codes and key reference codes in work RVU order relative to other similarly intense and complex procedures that include significant intraoperative time and significant postoperative work. This table clearly shows that the recommendations are aligned correctly and are appropriately bracketed by the key reference codes.

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	**45.13**	0.095	**806**	63	**240**	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	**46.41**	0.113	**800**	95	**229**	40	1	6	-38	2
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**49.76**	0.105	**883**	95	**264**	40	1	7	-38	2
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	**50.62**	0.112	**949**	105	**240**	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	**50.72**	0.083	**993**	100	**240**	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	**50.93**	0.105	**913**	95	**232**	40	2	6	-39	3
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	**240**	40	1	8	-39	4
43107	**TRANSHIATAL - OPEN**	**52.05**	**0.091**	**977**	95	**270**	**45**	2	7	-39	4

CPT Code: 43286

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	52.19	0.105	882	75	290	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	52.68	0.114	853	95	282	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	52.79	0.073	1,078	90	315	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	53.04	0.124	855	75	225	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	54.08	0.112	789	120	360	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	54.59	0.109	896	115	340	68	0	8	-38	2
43286	TRANSHIATAL - Laparoscopic	55.00	0.106	957	100	300	60	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	56.19	0.097	939	75	360	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	56.47	0.111	1,035	95	286	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	57.06	0.121	939	95	236	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	57.08	0.100	1,127	95	231	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	57.09	0.117	815	120	360	45	0	7	-38	4
47130	Hepatectomy, resection of liver; total right lobectomy	57.19	0.134	870	75	240	45	2	7	-38	3
43117	IVOR LEWIS - OPEN	57.50	0.088	1,067	105	330	45	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.121	905	95	287	40	2	6	-38	1
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	59.00	0.122	866	63	300	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	59.40	0.101	1,073	120	355	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	59.46	0.114	931	80	305	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	59.48	0.100	1,000	75	300	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	59.64	0.095	1,165	140	240	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	59.87	0.122	898	95	297	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	60.04	0.111	1,144	115	280	50	0	15	-38	3
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	60.08	0.130	853	120	300	60	2	4	-38	1
43112	MCKEOWN - OPEN	62.00	0.093	1,097	105	360	45	2	8	-39	4
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	62.07	0.114	1,059	95	283	40	2	9	-38	2
43287	IVOR LEWIS Laparoscopic, Thoracoscopic	63.00	0.097	1,097	110	360	60	2	7	-39	4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	63.40	0.111	1,194	105	300	50	0	16	-38	3

CPT Code: 43286

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	**63.41**	0.116	**874**	120	**420**	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	**63.84**	0.105	**1,182**	95	**310**	40	1	11	-38	4
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	**64.00**	0.123	**986**	63	**300**	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	**65.08**	0.119	**926**	63	**360**	60	2	5	-38	1
43288	**MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision**	**66.42**	**0.091**	**1,157**	110	**420**	**60**	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**67.07**	0.111	**1,184**	95	**327**	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	**67.50**	0.110	**1,019**	135	**420**	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	**69.03**	0.114	**1,110**	110	**324**	60	3	6	-39	3
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1,398**	95	**243**	40	3	14	-39	5
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	**69.63**	0.115	**1,209**	115	**360**	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	**71.50**	0.117	**1,101**	135	**420**	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	**76.93**	0.100	**1,251**	37	**296**	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	**78.00**	0.112	**1,259**	63	**360**	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	**79.44**	0.115	**1,221**	135	**480**	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**80.06**	0.111	**1,358**	95	**391**	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	**82.87**	0.110	**1,358**	95	**461**	40	1	12	-39	4
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**83.12**	0.109	**1,419**	95	**442**	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	**84.48**	0.113	**1,440**	130	**375**	90	4	10	-39	2
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	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) 43289, 43499, 43659

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 Thoracic 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 frequency is unknown although it is estimated that in 2016 there will be 16,910 cases of esophageal cancer. 20% of cases present in a localized fashion such that surgical resection might be considered. This leads to approximately 3000 esophageal resections maximum in total and split between all of the esophagectomy codes.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty Thoracic surgery Frequency 55 Percentage 55.00 %

Specialty General surgery Frequency 35 Percentage 35.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43107

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43287 Tracking Number G2 Original Specialty Recommended RVU: **63.00**
Presented Recommended RVU: **63.00**
Global Period: 090 RUC Recommended RVU: **63.00**

CPT Descriptor: Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman presents with one month history of progressive dysphagia. Testing revealed a distal esophagogastric junction adenocarcinoma. She received neo-adjuvant chemotherapy and radiation therapy. She now undergoes surgical resection.

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 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 51%

Description of Pre-Service Work: Within the 24 hours prior to surgery, review preadmission work-up, with attention to endoscopic and imaging information and reports including preoperative pathology and pulmonary and cardiac co-morbidities. The patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Update the H&P. Meet with patient and family to review planned procedure and post-operative management. The patient and family are counseled, questions are answered, and operative consent is obtained. Preoperative orders are written. Operative site markings are performed. The surgeon dresses. The surgeon performs the team briefing (anesthesia, OR staff, house staff). The surgeon verifies that all required instruments and supplies are available, including reusable and disposable laparoscopic equipment. The surgeon assists in transfer of patient from cart to operating table. The surgeon waits for the institution of appropriate monitoring, vascular access, DVT prophylaxis, and induction of anesthesia. The surgeon then places the patient in a modified lithotomy position, and preps the patient. The skin of the anterolateral chest, and abdomen is prepped from the clavicles to the pubis and laterally anterior to each mid-axillary line, after which the surgeon scrubs, gowns, and drapes the patient. The surgeon then assures that: 1) all equipment necessary for laparoscopy and thoracoscopy (laparoscopes, thoracoscopes, fiberoptic light cord, video camera, cautery cord, etc.) is placed in the field or available, assembled, and fixed to the drapes; 2) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; 3) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). The pre-incision surgical pause is completed.

Description of Intra-Service Work: General anesthesia utilizing a single lumen endotracheal tube is initiated. An orogastric tube may be placed to decompress the stomach if it will pass. Surgical laparoscopy is performed. Utilizing local infiltrative anesthetic, pneumoperitoneum is established to distend the abdomen, and the laparoscope is introduced. Gas flow and intra-abdominal pressure are carefully monitored so as not to impair ventilation or decrease venous return. Utilizing local infiltrative anesthetic, in total, four to six 5-mm to 12-mm trocars are inserted through the anterior abdominal wall. The abdominal cavity and viscera are inspected to rule out metastatic disease. A liver retractor is inserted and the liver retracted to allow visualization of the esophageal hiatus. The mobilization of the stomach begins by widely resecting the

gastrohepatic omentum until it reaches the right crus. The right crus is visualized and dissected, the phrenoesophageal membrane is incised followed by the dissection of the left crus of the diaphragm. It is important to handle the stomach gently and with extreme care during the procedure. The greater curvature of the stomach is then mobilized by dividing the short gastric vessels with the ultrasonic coagulating shears. Care is taken to protect the spleen. The gastrocolic omentum is then divided with care taken to preserve the right gastroepiploic artery. A Kocher maneuver is performed mobilizing the proximal duodenum. The posterior attachments of the stomach are then divided by retracting the stomach anteriorly. Celiac axis lymph nodes are resected with the specimen. The left gastric artery is divided with an endovascular stapling device. An endoscopic pyloroplasty is performed in a Heineke-Mikulicz fashion. The pylorus is incised longitudinally and then closed transversely with interrupted sutures. The pyloroplasty is covered with a remnant of omentum. Transhiatal dissection of the lower esophagus is then performed. The diaphragm anterior to the esophagus is divided, and a circumferential dissection of the esophagus to about the level of the inferior pulmonary vein is performed. Care is taken to avoid opening the pleura. A gastric tube approximately 5 cm in diameter is then created utilizing multiple firings of the linear endoscopic stapler starting just proximal to the pyloroplasty. The gastroesophageal junction and juxtaposed tumor are resected with grossly free margins. The longitudinal staple line is over sewn with running suture. The tubularized gastric conduit is then secured to the proximal stomach remnant with interrupted suture. A laparoscopic feeding jejunostomy tube may be inserted (separately reported). The abdomen is inspected to be sure hemostasis is adequate. Hemostasis is again checked for. The liver retractor is removed under direct vision. All abdominal trocars are removed under direct vision. All abdominal trocar sites are inspected for hemostasis, irrigated, and then closed with multiple layers of absorbable suture. Sterile dressings are applied to the abdominal incision.

The entire surgical field is taken down with care to maintain sterility of the surgical equipment and instrumentation for the thoracic portion of the procedure. The single lumen endotracheal tube is changed to a double lumen endotracheal tube for eventual one lung anesthesia. The patient's position is then changed to the left lateral decubitus position. Correct positioning of the double-lumen endotracheal tube assured bronchoscopically. The skin of the right chest wall is prepared. The surgeon the rescrubs, gowns and drapes the patient. The surgeon then assures that: 1) all equipment necessary for thoracoscopy (thoracoscopes, fiberoptic light cord, video camera, cautery cord, etc.) is placed in the field, assembled, and fixed to the drapes; 2) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; 3) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). The second pre-incision surgical pause is completed. Single-lung ventilation is instituted. Utilizing local infiltrative anesthetic, a total of four or five 5-mm to 10-mm trocars are utilized. A retracting suture is placed through the central tendon of the diaphragm and brought out through the lower chest wall through a 1-mm skin incision. This helps with downward traction on the diaphragm and exposure of the distal esophagus. The inferior pulmonary ligament of the lung is divided. The mediastinal pleura overlying the esophagus is divided and opened up to the level of the azygos vein. The azygos vein is mobilized and divided with an endovascular stapling device. A mediastinal lymphadenectomy may be performed (separately reported). Utilizing the ultrasonic coagulating sheers, electrocautery, and blunt dissection, the esophagus, periesophageal tissue and periesophageal lymph nodes are carefully circumferentially mobilized from the diaphragm to above the level of the azygos vein. The vagus nerve is divided above the level of the azygos vein with care taken to protect the recurrent laryngeal nerve. A rubber drain placed around the esophagus may aid in esophageal traction and exposure. Care is taken to avoid injury to the membranous portions of the trachea, bronchi, thoracic aorta, thoracic duct, and the recurrent laryngeal nerves. The esophagus is divided above the level of the azygos vein. The proximal esophageal margin is sent to frozen section pathology to confirm it is free of tumor. The distal esophagus and gastric conduit are then carefully brought into the chest maintaining proper orientation in order to avoid twisting of the gastric conduit. The eighth interspace thoracoscopic port is enlarged, a wound protector placed, and the specimen removed. The gastric margin is evaluated by frozen section pathology to confirm it is free of tumor. A side-to-side esophagogastric anastomosis is created utilizing the endoscopic linear stapling device for the posterior portion of the anastomosis. Prior to completing the anterior portion of the anastomosis, a nasogastric tube is placed under direct visualization. The anterior portion of the anastomosis is then completed with an inner layer of absorbable suture and an outer layer of interrupted permanent suture. The chest is carefully evaluated for hemostasis and irrigated. Two chest tubes are placed and connected to an appropriate drainage device. A large soft drain is placed posterior to the anastomosis and brought out the lower chest wall. All trocars are removed and hemostasis assured. The lung is expanded under direct vision. All trocar site wounds are irrigated and closed with multiple layers of absorbable suture. Sterile dressings are applied to the chest incision and chest tube sites. The nasogastric tube is secured in place.

Description of Post-Service Work:
Hospital: The patient is returned to the supine position. Monitor patient during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assist in transfer of patient from operating table to cart. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff

including need for patient controlled analgesia and anti-emetics. Instruct nursing staff in care of tubes, drains and other devices. Write immediate postoperative orders. Write brief operative note and place in chart. Discuss procedure and outcome with family. Dictate final operative report and copy referring physician(s). Review post-operative chest x-ray and labs. Write orders for transferring patient to appropriate surgical floor and discuss ongoing care with floor nurses. On a daily basis and at other times as necessary, examine patient, including reviewing vital signs, respiratory status, and gastrointestinal status, and confirming as necessary. Auscultate heart and lungs. Monitor status of incisions and drains looking for signs of infection. Manage wound dressings. Continue prophylaxis for DVT. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status, renal function, and nutritional status. Review nursing/other staff patient chart notes. Write orders for labs, x-rays, medications, nutrition, and patient activity. Chart patient progress notes, daily. Review labs and x-rays (if ordered). Answer patient and family questions. Answer nursing/other staff questions. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. NPO, intravenous, and/or tube feedings). Carefully assess and monitor postoperative nutritional status as maintained by both intravenous and enteral feedings. Obtain and evaluate postoperative barium esophagram to document anastomotic healing and satisfactory emptying of intrathoracic stomach. Advance diet, as appropriate. Discuss in detail post-esophagogastrectomy dietary restrictions for the post-operative period (e.g. liquid, post-gastrectomy, and/or mechanical soft and eventual post-esophagogastrectomy anti-dumping diets and their duration). Write orders for follow-up, post-discharge labs, x-rays, home care, tube feedings, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. The patient is discharged when there is no evidence of infection return of bowel function, adequate nutritional intake, and pain is adequately controlled, and majority of drains removed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, insurance forms, and correspondence with all necessary providers.

Office: Talk with and examine patient, assess ease of swallowing and pulmonary function. Remove dressings, sutures, and remaining drains when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Discuss advancement of diet with slow introduction of solid foods. Monitor dietary caloric intake by review of calorie counts and patient dietary logs and recording patient's weight. If utilized, adjust tube feedings as necessary. Eventually remove feeding jejunostomy tube when utilized and when appropriate. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Francis C. Nichols, MD FACS; John Howington, MD FACS; Stephen Lahey, MD; Charles Mabry, MD FACS; Nadar Massarweh, MD; Don Selzer, MD FACS; Keton Sheth, MD FACS		
Specialty(s):	Thoracic Surgery (STS, AATS), General Surgery (ACS, SAGES)		
CPT Code:	43287		
Sample Size:	1243	**Resp N:** 59	**Response:** 4.7 %
Description of Sample:	ACS, random sample of membership shelf identified as general surgeons SAGES, random sample of membership STS, members self identified as general thoracic		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	16.00	40.00
Survey RVW:	55.00	63.00	**70.00**	80.00	90.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**30.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	180.00	300.00	**360.00**	450.00	600.00

Immediate Post Service-Time:	**60.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	43287	**Recommended Physician Work RVU: 63.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**30.00**	**3.00**	**27.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**360.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**60.00**	**33.00**	**27.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
43118	090	67.07	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43121	090	51.43	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
33863	090	58.79	**RUC Time**	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	090	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 28.8 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 23.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 43287	**Top Key Reference CPT Code:** 43118	**2nd Key Reference CPT Code:** **43121**
Median Pre-Service Time	110.00	95.00	95.00
Median Intra-Service Time	360.00	327.00	240.00
Median Immediate Post-service Time	60.00	40.00	40.00
Median Critical Care Time	140.0	70.00	70.00
Median Other Hospital Visit Time	270.0	495.00	360.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	102.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**1097.00**	**1,184.0**	**962.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.12	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.29	0.57
Urgency of medical decision making	0.29	0.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.18	1.43

Physical effort required	0.71	1.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	0.71
Outcome depends on the skill and judgment of physician	0.82	0.79
Estimated risk of malpractice suit with poor outcome	0.06	0.71

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.65	1.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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: 43107, 43112, 43117, 43286, 43287, 43288

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and made an editorial revision to code 43112. Following the CPT meeting, during Panel minutes review, the vignettes for the new codes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct the vignettes prior to surveying the codes; however, the Panel maintained the altered vignettes.

The STS, AATS, SAGES and ACS conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient. The respondents noted that their typical patient underwent neoadjuvant chemotherapy and radiation therapy prior to surgery. At the February 2016 RUC meeting, the societies submitted a letter to the RUC indicating that we believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. We additionally asked that the three open codes be added to the survey process since it became apparent that there have been substantial changes in the patient population and technology related to patients undergoing open esophagectomy.

The RUC agreed with the specialty societies and recommended:

- The CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018;
- The specialty societies go to the Research Subcommittee to obtain approval for typical patients for all six codes; and
- The specialty societies survey all six codes for the October 2016 RUC meeting.

At the RUC April 2016 RUC meeting, we provided vignettes for all six codes to the Research Subcommittee for review. We also provided supporting information including "*NCCN Clinical Practice Guidelines in Oncology for Esophageal and Esophagogastric Junction Cancers Version 3(2015)*" and "*Minimally Invasive vs. Open Esophagectomy for Esophageal Cancer: A Comparison of Early Surgical Outcomes from the Society of Thoracic Surgeons National Database"* (Ann Thorac Surg. April 2016).

The Research Subcommittee accepted the proposed vignettes. The STS, AATS, SAGES and ACS conducted a survey for all six codes. For this survey, we included the newly approved language in the outgoing email and in the survey that asked the surgeons to only respond to questions for survey code(s) that they have experience performing or are familiar with.

For the three new codes that were previously surveyed with the faulty vignettes and not presented to the RUC, we have provided the summary data in the RUC summary spreadsheet identified as "SVY-10/15".

Summary of the differences between the 10/2015 survey and 10/2016 survey of the laparoscopic/ thoracoscopic esophagectomy codes (43286, 43287, 43288):

- ***Vignettes:*** The RUC Research Subcommittee approved changes to the vignettes for codes 43287 and 43288 by adding the sentence "She received neo-adjuvant chemotherapy and radiation therapy." to both vignettes.
- ***RSL:*** Codes 43107 and 43112 were included in the 10/15 RSL, but removed from the 10/16 RSL since they were being surveyed. This resulted in a large wRVU gap (39.53 – 51.43) in the middle of the RSL where the two open codes had been removed. Two general surgery codes (43622 and 43415) were added to fill in that gap. In addition, the Research Subcommittee requested that wRVU range was inappropriate (too low and too high), so codes were removed from the lower end and the higher end.
- ***Response rate:*** There were more survey respondents for the 2016 surveys and those respondents had more experience. For example, for code 43286, the median experience in 10/2015 was zero. For the 10/2016, the median experience was 1.
- ***Survey process:*** The same survey process was used for the 2015 and 2016 surveys. The ACS sent surveys to a random sample of the membership self identified as general surgeons, the STS sent surveys to members self identified as general thoracic surgeons and SAGES sent surveys to a random sample of their membership. The surveys were not sent to the exact same lists for the 2015 and 2016 surveys; new random samples from each specialty were selected, although some of the respondents may have been the same. In addition, only the laparoscopic/thoracoscopic codes were surveyed for 10/15, however, for 10/16, the open and laparoscopic/thoracoscopic codes were surveyed together.

Recommendation for 43287

We recommend the survey 25th percentile work RVU of 63.00 for code 43287.

PRE-TIME Package 4

Evaluation (total = 60 minutes): Additional 20 minutes added to package to account for: extensive data review of recent imaging and labs including CT/PET, upper GI endoscopy report. Review chemo/radiation therapy reports from oncology. Coordinate the multi-incisional approach with assistant surgeon, anesthesia, and scrub nurse. Mark all sites. Ensure extensive equipment is available and functioning.

Positioning (total = 30 minutes): Addition 27 minutes added to package to account for padding, positioning, and securing patient to table that will adjust (eg, reverse Trendelenburg, roll, etc.) during the procedure. Also includes additional positioning for neck, chest, and abdominal incisions and accommodation of double lumen endotracheal tube, and lines near operative field. Additional positioning is also necessary for endoscopy work to get monitors for all scopes into view of the surgeons.

Scrub, dress, wait (total = 20 minutes): Package time.

POST-TIME Package 9b

Total time = 60 minutes:

- Additional 12 minutes has been added to package account for multiple site dressings which will take more than 2 minutes; reversing excessive padding prior to transfer off table which will take more than 1 minute; post-operative notes that will take more than 5 minutes; and post-operative orders which will take more than 5 minutes.
- Additional 15 minutes has been added to package to account for additional immediate post-op work. For the open codes, the patient's anesthesia level is reduced after the fascia is closed and while the skin is closed and

dressings applied. However, for the scope codes, anesthesia needs to be maintained at full level until the last laparoscope/thoracoscope is pulled, intraperitoneal gas is allowed to escape and the skin is closed. This results in a longer time to monitor the patient prior to extubation and moving the patient to recovery.

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**67.07**	0.111	**1184**	95	327	40	1	11	-39	4
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	**63.00**	0.097	**1097**	110	360	60	2	7	-39	4
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	240	40	1	8	-39	4

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	287	40	2	6	-38	1
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	**63.00**	0.097	**1097**	110	360	60	2	7	-39	4

Comparison to Other Complex/Intense Procedures

The table below places the recommendations for the survey codes and key reference codes in work RVU order relative to other similarly intense and complex procedures that include significant intraoperative time and significant postoperative work. This table clearly shows that the recommendations are aligned correctly and are appropriately bracketed by the key reference codes.

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	**45.13**	0.095	**806**	63	**240**	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	**46.41**	0.113	**800**	95	**229**	40	1	6	-38	2
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**49.76**	0.105	**883**	95	**264**	40	1	7	-38	2

CPT Code: 43287

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	50.62	0.112	949	105	240	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	50.72	0.083	993	100	240	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	50.93	0.105	913	95	232	40	2	6	-39	3
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	51.43	0.106	962	95	240	40	1	8	-39	4
43107	TRANSHIATAL - OPEN	52.05	0.091	977	95	270	45	2	7	-39	4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	52.19	0.105	882	75	290	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	52.68	0.114	853	95	282	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	52.79	0.073	1,078	90	315	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	53.04	0.124	855	75	225	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	54.08	0.112	789	120	360	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	54.59	0.109	896	115	340	68	0	8	-38	2
43286	TRANSHIATAL - Laparoscopic	55.00	0.106	957	100	300	60	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	56.19	0.097	939	75	360	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	56.47	0.111	1,035	95	286	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	57.06	0.121	939	95	236	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	57.08	0.100	1,127	95	231	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	57.09	0.117	815	120	360	45	0	7	-38	4
47130	Hepatectomy, resection of liver; total right lobectomy	57.19	0.134	870	75	240	45	2	7	-38	3
43117	IVOR LEWIS - OPEN	57.50	0.088	1,067	105	330	45	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.121	905	95	287	40	2	6	-38	1
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	59.00	0.122	866	63	300	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	59.40	0.101	1,073	120	355	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	59.46	0.114	931	80	305	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	59.48	0.100	1,000	75	300	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	59.64	0.095	1,165	140	240	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	59.87	0.122	898	95	297	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	60.04	0.111	1,144	115	280	50	0	15	-38	3

CPT Code: 43287

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	60.08	0.130	853	120	300	60	2	4	-38	1
43112	MCKEOWN - OPEN	62.00	0.093	1,097	105	360	45	2	8	-39	4
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	62.07	0.114	1,059	95	283	40	2	9	-38	2
43287	IVOR LEWIS Laparoscopic, Thoracoscopic	63.00	0.097	1,097	110	360	60	2	7	-39	4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	63.40	0.111	1,194	105	300	50	0	16	-38	3
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	63.41	0.116	874	120	420	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	63.84	0.105	1,182	95	310	40	1	11	-38	4
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	64.00	0.123	986	63	300	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	65.08	0.119	926	63	360	60	2	5	-38	1
43288	MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision	66.42	0.091	1,157	110	420	60	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	67.07	0.111	1,184	95	327	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	67.50	0.110	1,019	135	420	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	69.03	0.114	1,110	110	324	60	3	6	-39	3
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	69.09	0.097	1,398	95	243	40	3	14	-39	5
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	69.63	0.115	1,209	115	360	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	71.50	0.117	1,101	135	420	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	76.93	0.100	1,251	37	296	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	78.00	0.112	1,259	63	360	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	79.44	0.115	1,221	135	480	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	80.06	0.111	1,358	95	391	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	82.87	0.110	1,358	95	461	40	1	12	-39	4

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**83.12**	0.109	**1,419**	95	**442**	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	**84.48**	0.113	**1,440**	130	**375**	90	4	10	-39	2
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	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) 43289, 43499, 43659

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Thoracic 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 <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency is unknown although it is estimated that in 2016 there will be 16,910 cases of esophageal cancer. 20% of cases present in a localized fashion such that surgical resection might be considered. This leads to approximately 3000 esophageal resections maximum in total and split between all of the esophagectomy codes.

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? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty Thoracic surgery Frequency 175 Percentage 58.33 %

Specialty General surgery Frequency 100 Percentage 33.33 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43117

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43288 Tracking Number G3 Original Specialty Recommended RVU: **66.42**
Presented Recommended RVU: **66.42**
Global Period: 090 RUC Recommended RVU: **66.42**

CPT Descriptor: Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man presents with progressive dysphagia. Testing revealed a mid-esophageal adenocarcinoma above the level of the carina. He received neoadjuvant chemotherapy and radiation therapy. He now undergoes surgical resection.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 53%

Description of Pre-Service Work: Within the 24 hours prior to surgery, review preadmission work-up, with attention to endoscopic and imaging information and reports including preoperative pathology and pulmonary and cardiac co-morbidities. The patient is seen and examined to rule out concurrent illness and any contraindication to surgery. Update the H&P. Meet with patient and family to review planned procedure and post-operative management. The patient and family are counseled, questions are answered, and operative consent is obtained. Preoperative orders are written. Operative site markings are performed. The surgeon dresses. The surgeon performs the team briefing (anesthesia, OR staff, house staff). The surgeon verifies that all required instruments and supplies are available, including reusable and disposable laparoscopic equipment. The surgeon assists in transfer of patient from cart to operating table. The surgeon waits for the institution of appropriate monitoring, vascular access, DVT prophylaxis, and induction of anesthesia with a double lumen endotracheal tube. The surgeon then places the patient in a left lateral decubitus position. Correct positioning of the double lumen endotracheal tube is assured bronchoscopically. The skin of the right lateral chest wall is prepared after which the surgeon scrubs, gowns, and drapes the patient. The surgeon then assures that: 1) all equipment necessary for thoracoscopy and laparoscopy (thoracoscopes, laparoscopes, fiberoptic light cord, video camera, cautery cord, etc.) is available or appropriately placed in the field, assembled, and fixed to the drapes; 2) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; 3) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). The pre-incision surgical pause is completed.

Description of Intra-Service Work: Under general anesthesia, single-lung ventilation is instituted. An orogastric tube may be placed to decompress the stomach if it will pass. Utilizing local infiltrative anesthetic, a total of four or five 5-mm to 10-mm trocars are utilized across the right chest wall. A retracting suture is placed through the central tendon of the diaphragm and brought out through the lower chest wall through a 1-mm skin incision. This helps with downward traction on the diaphragm and exposure of the distal esophagus. The inferior pulmonary ligament of the lung is divided. The mediastinal pleura overlying the esophagus is divided and opened up to the level of the azygos vein. The azygos vein is

mobilized and divided with an endovascular stapling device. A mediastinal lymphadenectomy may be performed (separately reported). Utilizing the ultrasonic coagulating sheers, electrocautery, and blunt dissection, the esophagus, periesophageal tissue and periesophageal lymph nodes are carefully circumferentially mobilized from the diaphragm to well above the level of the azygos vein. The vagus nerve is divided above the level of the azygos vein with care taken to protect the right recurrent laryngeal nerve. A rubber drain placed around the esophagus may aid in esophageal traction and exposure. Care is taken to avoid injury to the membranous portions of the trachea, bronchi, thoracic aorta, thoracic duct, and the recurrent laryngeal nerves. The chest is carefully evaluated for hemostasis. Two chest tubes are placed and connected to an appropriate drainage device. All trocars are removed and hemostasis assured. The lung is expanded under direct vision. All chest trocar site wounds are irrigated and closed with multiple layers of absorbable suture. Sterile dressings are applied to the chest incision and chest tube sites.

The entire surgical field is taken down with care to maintain sterility of the surgical equipment and instrumentation for the abdominal and cervical portions of the procedure. The patient is placed in a supine position. The double lumen endotracheal tube is removed and a single lumen endotracheal tube placed. The surgeon then places the patient in a modified lithotomy position with additional special positioning of the neck and arms is required. The skin of the neck, anterolateral chest, and abdomen is prepped and draped from the lower ears to the pubis and laterally to each mid-axillary line, after which the surgeon re-scrubs, gowns, and drapes the patient. The surgeon then assures that: 1) all equipment necessary for laparoscopy (laparoscopes, fiberoptic light cord, video camera, cautery cord, etc.) is placed in the field, assembled, and fixed to the drapes; 2) the ends of the camera, light, and cautery cords are passed off in sterile fashion to the circulating nurse for attachment of light and video and cautery equipment; 3) the equipment is activated and the settings adjusted appropriately (focus, light settings, cautery settings). A second pre-incision surgical pause is completed. Surgical laparoscopy is performed. Utilizing local infiltrative anesthetic, pneumoperitoneum is established to distend the abdomen, and the laparoscope is introduced. Gas flow and intra-abdominal pressure are carefully monitored so as not to impair ventilation or decrease venous return. Utilizing local infiltrative anesthetic, in total, four to six 5-mm to 12-mm trocars are inserted through the anterior abdominal wall. The abdominal cavity and viscera are inspected to rule out metastatic disease. A liver retractor is inserted and the liver retracted to allow visualization of the esophageal hiatus. The mobilization of the stomach begins by widely resecting the gastrohepatic omentum until it reaches the right crus. The right crus is visualized and dissected, the phrenoesophageal membrane is incised followed by the dissection of the left crus of the diaphragm. It is important to handle the stomach gently and with extreme care during the procedure. The greater curvature of the stomach is then mobilized by dividing the short gastric vessels with the ultrasonic coagulating shears. Care is taken to protect the spleen. The gastrocolic omentum is then divided with care taken to preserve the right gastroepiploic artery. A Kocher maneuver is performed mobilizing the proximal duodenum. The posterior attachments of the stomach are then divided by retracting the stomach anteriorly. Celiac axis lymph nodes are resected with the specimen. The left gastric artery is divided with an endovascular stapling device. An endoscopic pyloroplasty is performed in a Heineke-Mikulicz fashion. The pylorus is incised longitudinally and then closed transversely with interrupted sutures. The pyloroplasty is covered with a remnant of omentum. Transhiatal dissection of the esophagus is then performed. The diaphragm anterior to the esophagus is divided, and a circumferential dissection of the esophagus to the level of the previously thoracoscopically mobilized esophagus is performed. A gastric tube approximately 5 cm in diameter is then created utilizing multiple firings of the linear endoscopic stapler starting just proximal to the pyloroplasty. The gastroesophageal junction and juxtaposed tumor are resected with grossly free margins. The longitudinal staple line is over sewn with running suture. The tubularized gastric conduit is then secured to the proximal stomach remnant with interrupted suture. A laparoscopic feeding jejunostomy tube may be inserted (separately reported). The abdomen is inspected to be sure hemostasis is adequate. The pneumoperitoneum is deflated. Attention is turned to the left neck, where an incision is made along the anterior border of the sternocleidomastoid muscle. The sternocleidomastoid muscle and underlying carotid sheath and its contents are retracted to the left, carefully avoiding undue compression on the carotid artery. The neck strap muscles are divided. The trachea and thyroid gland are retracted to the right, carefully avoiding pressure on the tracheoesophageal groove and injury to the left recurrent laryngeal nerve. The middle thyroid vein and inferior thyroid artery are identified, ligated and divided, and the underlying cervical esophagus identified. Carefully avoiding injury to the left recurrent laryngeal nerve in the tracheoesophageal groove, the cervical esophagus is encircled with a rubber drain, and the remaining high thoracic esophagus carefully bluntly dissected free within the thoracic inlet and chest and the now completely mobilized esophagus brought into the neck wound. The cervical esophagus is divided with a surgical stapler. Pneumoperitoneum is restored and under direct visualization so as not to twist the gastric conduit, the distal esophagus, proximal stomach and attached gastric conduit then gently pulled up through the mediastinum and out through the cervical incision. The resected tumor is removed through the neck incision and removed from the surgical field. Frozen section pathology confirms that the proximal esophageal and distal gastric margins are free of tumor. Hemostasis within the mediastinum is checked for. Throughout this portion of the procedure careful attention to the arterial blood pressure is mandatory. In order to perform the esophagogastric anastomosis, the tip of the stomach is grasped in the neck incision and gentle traction on the stomach is

used to deliver an adequate length of the gastric conduit out the neck incision. A side-to-side esophagogastric anastomosis is created utilizing the linear stapling device for the posterior portion of the anastomosis. Prior to completing the anterior portion of the anastomosis, a nasogastric tube is placed under direct visualization. The anterior portion of the anastomosis is then completed with an inner layer of running absorbable suture and an outer layer of interrupted permanent suture. After a careful inspection for hemostasis, the neck wound is irrigated, a cervical wound drain placed, and the neck incision closed with multiple layers of absorbable suture. Attention is redirected to the abdomen where hemostasis is carefully checked for. The liver retractor and then abdominal trocars are removed under direct vision. All abdominal trocar sites are inspected for hemostasis, irrigated, and then closed with multiple layers of absorbable suture. Sterile dressings are applied to all of the incisions. The nasogastric tube is secured in place.

Description of Post-Service Work:
Hospital: The patient is returned to the supine position. Monitor patient during reversal of anesthesia. Avoidance of sudden straining during extubation is stressed. Assist in transfer of patient from operating table to cart. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia and anti-emetics. Instruct nursing staff in care of tubes, drains and other devices. Write immediate postoperative orders. Write brief operative note and place in chart. Discuss procedure and outcome with family. Dictate final operative report and copy referring physician(s). Review post-operative chest x-ray and labs. Write orders for transferring patient to appropriate surgical floor and discuss ongoing care with floor nurses. On a daily basis and at other times as necessary, examine patient, including reviewing vital signs, respiratory status, gastrointestinal status, and confirming as necessary. Auscultate heart and lungs. Monitor status of incisions and drains looking for signs of infection. Manage wound dressings. Continue prophylaxis for DVT. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status, renal function, and nutritional status. Review nursing/other staff patient chart notes. Write orders for labs, x-rays, medications, nutrition, and patient activity. Chart patient progress notes, daily. Review labs and x-rays (if ordered). Answer patient and family questions. Answer nursing/other staff questions. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. NPO, intravenous, and/or tube feedings). Carefully assess and monitor postoperative nutritional status as maintained by both intravenous and enteral feedings. Obtain and evaluate postoperative esophagram to document anastomotic healing and satisfactory emptying of intrathoracic stomach. Advance diet, as appropriate. Discuss in detail post-esophagogastrectomy dietary restrictions for the post-operative period (e.g. liquid, post-gastrectomy, and/or mechanical soft and eventual post-esophagogastrectomy anti-dumping diets and their duration). Write orders for follow-up, post-discharge labs, x-rays, home care, tube feedings, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. The patient is discharged when there is no evidence of infection, return of bowel function, adequate nutritional intake, and pain is adequately controlled, and majority of drains removed. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, insurance forms, and correspondence with all appropriate providers.

Office: Talk with and examine patient, assess ease of swallowing and pulmonary function. Remove dressings, sutures, and remaining drains when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Discuss advancement of diet with slow introduction of solid foods. Monitor dietary caloric intake by review of calorie counts and patient dietary logs and recording patient's weight. If utilized, adjust tube feedings as necessary. Eventually remove feeding jejunostomy tube when utilized and when appropriate. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Discuss progress with referring physician(s) (verbal and written). Dictate/type progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Francis C. Nichols, MD FACS; John Howington, MD FACS; Stephen Lahey, MD; Charles Mabry, MD FACS; Nadar Massarweh, MD; Don Selzer, MD FACS; Keton Sheth, MD FACS		
Specialty(s):	Thoracic Surgery (STS, AATS), General Srgery (ACS, SAGES)		
CPT Code:	43288		
Sample Size:	1243	**Resp N:** 60	**Response:** 4.8 %
Description of Sample:	ACS, random sample of membership shelf identified as general surgeons SAGES, random sample of membership STS, members self identified as general thoracic surgeons		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	5.00	30.00
Survey RVW:	55.00	66.42	**75.00**	80.02	95.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**30.00**		
Pre-Service Scrub, Dress, Wait Time:			**23.00**		
Intra-Service Time:	210.00	360.00	**420.00**	480.00	600.00

Immediate Post Service-Time:	**60.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.00** 99239x **1.00** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	43288	**Recommended Physician Work RVU: 66.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**30.00**	**3.00**	**27.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**420.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**60.00**	**33.00**	**27.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **2.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**55.00**	99238x **0.0** 99239x **1.0** 99217x **0.00**
Office time/visit(s):	**102.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
43124	090	69.09	**RUC Time**

CPT Descriptor Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43121	090	51.43	**RUC Time**

CPT Descriptor Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
33863	090	58.79	**RUC Time**	1,731

CPT Descriptor 1 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	090	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 43288	Top Key Reference CPT Code: 43124	2nd Key Reference CPT Code: **43121**
Median Pre-Service Time	110.00	95.00	95.00
Median Intra-Service Time	420.00	243.00	240.00
Median Immediate Post-service Time	60.00	40.00	40.00
Median Critical Care Time	140.0	210.00	70.00
Median Other Hospital Visit Time	270.0	630.00	360.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	102.0	125.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**1157.00**	**1,398.0**	**962.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.20	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	0.55
Urgency of medical decision making	0.07	0.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.47	1.55

Physical effort required	1.07	1.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.60	0.73
Outcome depends on the skill and judgment of physician	1.07	1.09
Estimated risk of malpractice suit with poor outcome	0.47	0.73

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.24	1.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: 43107, 43112, 43117, 43286, 43287, 43288

In October 2015, the CPT Editorial Panel created three new codes 43286, 43287, 43288 to report esophagectomy via laparoscopic and thoracoscopic approaches, and made an editorial revision to code 43112. Following the CPT meeting, during Panel minutes review, the vignettes for the new codes were altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct the vignettes prior to surveying the codes; however, the Panel maintained the altered vignettes.

The STS, AATS, SAGES and ACS conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient. The respondents noted that their typical patient underwent neoadjuvant chemotherapy and radiation therapy prior to surgery. At the February 2016 RUC meeting, the societies submitted a letter to the RUC indicating that we believed the survey was flawed and the codes should be re-surveyed with the appropriate vignette. We additionally asked that the three open codes be added to the survey process since it became apparent that there have been substantial changes in the patient population and technology related to patients undergoing open esophagectomy.

The RUC agreed with the specialty societies and recommended:

- The CPT Editorial Panel table new codes 43286, 43287, 43288 until CPT 2018;
- The specialty societies go to the Research Subcommittee to obtain approval for typical patients for all six codes; and
- The specialty societies survey all six codes for the October 2016 RUC meeting.

At the RUC April 2016 RUC meeting, we provided vignettes for all six codes to the Research Subcommittee for review. We also provided supporting information including "*NCCN Clinical Practice Guidelines in Oncology for Esophageal and Esophagogastric Junction Cancers Version 3 (2015)*" and "*Minimally Invasive vs. Open Esophagectomy for Esophageal Cancer: A Comparison of Early Surgical Outcomes from the Society of Thoracic Surgeons National Database"* (Ann Thorac Surg. April 2016).

The Research Subcommittee accepted the proposed vignettes. The STS, AATS, SAGES and ACS conducted a survey for all six codes. For this survey, we included the newly approved language in the outgoing email and in the survey that asked the surgeons to only respond to questions for survey code(s) that they have experience performing or are familiar with.

For the three new codes that were previously surveyed with the faulty vignettes and not presented to the RUC, we have provided the summary data in the RUC summary spreadsheet identified as "SVY-10/15".

Summary of the differences between the 10/2015 survey and 10/2016 survey of the laparoscopic/ thoracoscopic esophagectomy codes (43286, 43287, 43288):

- ***Vignettes:*** The RUC Research Subcommittee approved changes to the vignettes for codes 43287 and 43288 by adding the sentence "She received neo-adjuvant chemotherapy and radiation therapy." to both vignettes.
- ***RSL:*** Codes 43107 and 43112 were included in the 10/15 RSL, but removed from the 10/16 RSL since they were being surveyed. This resulted in a large wRVU gap (39.53 – 51.43) in the middle of the RSL where the two open codes had been removed. Two general surgery codes (43622 and 43415) were added to fill in that gap. In addition, the Research Subcommittee requested that wRVU range was inappropriate (too low and too high), so codes were removed from the lower end and the higher end.
- ***Response rate:*** There were more survey respondents for the 2016 surveys and those respondents had more experience. For example, for code 43286, the median experience in 10/2015 was zero. For the 10/2016, the median experience was 1.
- ***Survey process:*** The same survey process was used for the 2015 and 2016 surveys. The ACS sent surveys to a random sample of the membership self identified as general surgeons, the STS sent surveys to members self identified as general thoracic surgeons and SAGES sent surveys to a random sample of their membership. The surveys were not sent to the exact same lists for the 2015 and 2016 surveys; new random samples from each specialty were selected, although some of the respondents may have been the same. In addition, only the laparoscopic/thoracoscopic codes were surveyed for 10/15, however, for 10/16, the open and laparoscopic/thoracoscopic codes were surveyed together.

Recommendation for 43288

We recommend the survey 25th percentile work RVU of 66.42 for code 43288.

PRE-TIME Package 4

Evaluation (total = 60 minutes): Additional 20 minutes added to package to account for: extensive data review of recent imaging and labs including CT/PET, upper GI endoscopy report. Review chemo/radiation therapy reports from oncology. Coordinate the multi-incisional approach with assistant surgeon, anesthesia, and scrub nurse. Mark all sites. Ensure extensive equipment is available and functioning.

Positioning (total = 30 minutes): Addition 27 minutes added to package to account for padding, positioning, and securing patient to table that will adjust (eg, reverse Trendelenburg, roll, etc.) during the procedure. Also includes additional positioning for neck, chest, and abdominal incisions and accommodation of double lumen endotracheal tube, and lines near operative field. Additional positioning is also necessary for endoscopy work to get monitors for all scopes into view of the surgeons.

Scrub, dress, wait (total = 20 minutes): Package time.

POST-TIME Package 9b

Total time = 60 minutes:

- Additional 12 minutes has been added to package account for multiple site dressings which will take more than 2 minutes; reversing excessive padding prior to transfer off table which will take more than 1 minute; post-operative notes that will take more than 5 minutes; and post-operative orders which will take more than 5 minutes.
- Additional 15 minutes has been added to package to account for additional immediate post-op work. For the open codes, the patient's anesthesia level is reduced after the fascia is closed and while the skin is being closed

and dressings applied. However, for the laparocopic/thoracoscopic codes, anesthesia needs to be maintained at full level until the last scope is pulled, intraperitoneal gas is allowed to escape and the skin is closed. This results in a longer time to monitor the patient prior to extubation and moving the patient to recovery.

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1398**	95	243	40	3	14	-39	5
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	**66.42**	0.091	**1157**	110	420	60	2	7	-39	4
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	**51.43**	0.106	**962**	95	240	40	1	8	-39	4

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	**58.79**	0.121	**905**	95	287	40	2	6	-38	1
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	**66.42**	0.091	**1157**	110	420	60	2	7	-39	4

Comparison to Other Complex/Intense Procedures

The table below places the recommendations for the survey codes and key reference codes in work RVU order relative to other similarly intense and complex procedures that include significant intraoperative time and significant postoperative work. This table clearly shows that the recommendations are aligned correctly and are appropriately bracketed by the key reference codes.

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	**45.13**	0.095	**806**	63	**240**	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	**46.41**	0.113	**800**	95	**229**	40	1	6	-38	2
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	**49.76**	0.105	**883**	95	**264**	40	1	7	-38	2
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	**50.62**	0.112	**949**	105	**240**	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	**50.72**	0.083	**993**	100	**240**	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	**50.93**	0.105	**913**	95	**232**	40	2	6	-39	3

CPT Code: 43288

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	51.43	0.106	962	95	240	40	1	8	-39	4
43107	TRANSHIATAL - OPEN	52.05	0.091	977	95	270	45	2	7	-39	4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	52.19	0.105	882	75	290	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	52.68	0.114	853	95	282	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	52.79	0.073	1,078	90	315	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	53.04	0.124	855	75	225	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	54.08	0.112	789	120	360	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	54.59	0.109	896	115	340	68	0	8	-38	2
43286	TRANSHIATAL - Laparoscopic	55.00	0.106	957	100	300	60	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	56.19	0.097	939	75	360	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	56.47	0.111	1,035	95	286	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	57.06	0.121	939	95	236	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	57.08	0.100	1,127	95	231	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	57.09	0.117	815	120	360	45	0	7	-38	4
47130	Hepatectomy, resection of liver; total right lobectomy	57.19	0.134	870	75	240	45	2	7	-38	3
43117	IVOR LEWIS - OPEN	57.50	0.088	1,067	105	330	45	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.121	905	95	287	40	2	6	-38	1
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	59.00	0.122	866	63	300	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	59.40	0.101	1,073	120	355	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	59.46	0.114	931	80	305	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	59.48	0.100	1,000	75	300	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	59.64	0.095	1,165	140	240	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	59.87	0.122	898	95	297	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	60.04	0.111	1,144	115	280	50	0	15	-38	3
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	60.08	0.130	853	120	300	60	2	4	-38	1
43112	MCKEOWN - OPEN	62.00	0.093	1,097	105	360	45	2	8	-39	4

CPT Code: 43288

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	62.07	0.114	1,059	95	283	40	2	9	-38	2
43287	IVOR LEWIS Laparoscopic, Thoracoscopic	63.00	0.097	1,097	110	360	60	2	7	-39	4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	63.40	0.111	1,194	105	300	50	0	16	-38	3
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	63.41	0.116	874	120	420	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	63.84	0.105	1,182	95	310	40	1	11	-38	4
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	64.00	0.123	986	63	300	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	65.08	0.119	926	63	360	60	2	5	-38	1
43288	MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision	66.42	0.091	1,157	110	420	60	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	67.07	0.111	1,184	95	327	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	67.50	0.110	1,019	135	420	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	69.03	0.114	1,110	110	324	60	3	6	-39	3
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	69.09	0.097	1,398	95	243	40	3	14	-39	5
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	69.63	0.115	1,209	115	360	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	71.50	0.117	1,101	135	420	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	76.93	0.100	1,251	37	296	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	78.00	0.112	1,259	63	360	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	79.44	0.115	1,221	135	480	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	80.06	0.111	1,358	95	391	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	82.87	0.110	1,358	95	461	40	1	12	-39	4
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	83.12	0.109	1,419	95	442	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	84.48	0.113	1,440	130	375	90	4	10	-39	2

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	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) 43289, 43499, 43659

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 Thoracic 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 frequency is unknown although it is estimated that in 2016 there will be 16,910 cases of esophageal cancer. 20% of cases present in a localized fashion such that surgical resection might be considered. This leads to approximately 3000 esophageal resections maximum in total and split between all of the esophagectomy codes.

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? 75 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty Thoracic surgery Frequency 50 Percentage 66.66 %

Specialty General surgery Frequency 20 Percentage 26.66 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43112

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	43107	**# of Respondents:**	63
Survey Code Descriptor:	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)		

Top Ref Code:	43124	**# of Respondents:**	20	**% of Respondents:**	32%
Top Ref Code Descriptor:	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	5%	40%	40%	15%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		10%	65%	25%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		5%	65%	30%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		10%	65%	25%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	50%	50%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	50%	50%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		10%	40%	50%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	55%	45%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		5%	45%	50%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	43112	**# of Respondents:**	65
Survey Code Descriptor:	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)		

Top Ref Code:	43124	**# of Respondents:**	15	**% of Respondents:**	23%
Top Ref Code Descriptor:	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy				

		Survey Code Compared to Top Ref Code Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	0%	40%	33%	27%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		13%	47%	40%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		7%	53%	40%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		27%	47%	27%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	27%	73%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	33%	67%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		13%	40%	47%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	40%	60%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	53%	47%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	43117	**# of Respondents:**	67
Survey Code Descriptor:	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)		

Top Ref Code:	43121	**# of Respondents:**	25	**% of Respondents:**	37%
Top Ref Code Descriptor:	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	0%	64%	28%	8%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		0%	68%	32%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		0%	80%	20%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		0%	88%	12%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	60%	40%		
Physical Effort:		**Less**	**Identical**	**More**		
		4%	56%	40%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		4%	60%	36%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	64%	36%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	76%	24%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	432X5	**# of Respondents:**	56
Survey Code Descriptor:	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)		

Top Ref Code:	43121	**# of Respondents:**	16	**% of Respondents:**	29%
Top Ref Code Descriptor:	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	6%	63%	31%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	56%	44%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	69%	31%
	Urgency of medical decision making	0%	69%	31%
Technical Skill:		0%	0%	100%
Physical Effort:		0%	19%	81%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	13%	38%	50%
	Outcome depends on the skill and judgment of physician	6%	25%	69%
	Estimated risk of malpractice suite with poor outcome	0%	56%	44%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	432X6	**# of Respondents:**	59
Survey Code Descriptor:	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)		

Top Ref Code:	43118	**# of Respondents:**	17	**% of Respondents:**	29%
Top Ref Code Descriptor:	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	6%	47%	24%	24%

Overall Intensity and Complexity:

Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		6%	82%	12%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		6%	65%	29%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		0%	76%	24%
Technical Skill:		**Less**	**Identical**	**More**
		0%	29%	71%
Physical Effort:		**Less**	**Identical**	**More**
		6%	41%	53%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		35%	35%	29%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		0%	41%	59%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		0%	94%	6%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	432X7	**# of Respondents:**	60
Survey Code Descriptor:	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)		

Top Ref Code:	43124	**# of Respondents:**	15	**% of Respondents:**	25%
Top Ref Code Descriptor:	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	20%	33%	47%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	7%	73%	20%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	67%	33%
	Urgency of medical decision making	20%	53%	27%
Technical Skill:		0%	13%	87%
Physical Effort:		0%	27%	73%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	7%	40%	53%
	Outcome depends on the skill and judgment of physician	0%	20%	80%
	Estimated risk of malpractice suite with poor outcome	7%	53%	40%

ISSUE: Esophagectomy

TAB: 6

					RVW					Total	pre	PRE			INTRA					POST-FACILITY								POST-OFFICE					Exper				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	HV	91	33	32	31	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	TYP?
REF1	43124	Total or partial esophagectc	20	0.097			69.09			1398		60	15	20			243			40		18	3	6	7	1	1		1	3	1							
REF2	43121	Partial esophagectomy, dist	16	0.106			51.43			962		60	15	20			240			40		10	1	4	3	1	1		1	2	1							
current	43107	Total or near total esophage		0.057			44.18			987		90					300			45		11	2	1	3	4	1		1	2	1							
SVY	43107	Total or near total esophage	63	0.119	39.53	52.05	60.00	71.00	83.00	992		75	20	15	150	240	270	300	500	45		10	2	2	3	2	1		1	2	1		0	0	1	5	22	73%
REC	43107	TRANSHIATAL - OPEN		0.091			52.05			977	4	60	20	15			270			45	9b	10	2	2	3	2	1		1	2	1							
REF1	43121	Partial esophagectomy, dist	16	0.106			51.43			962		60	15	20			240			40		10	1	4	3	1	1		1	2	1							
REF2	43124	Total or partial esophagectc	12	0.097			69.09			1398		60	15	20			243			40		18	3	6	7	1	1		1	3	1							
current	43289	Unlisted laparoscopy proce		n/a			0.00																														
current	43499	Unlisted procedure, esopha		n/a			0.00																														
current	43659	Unlisted laparoscopy proce		n/a			0.00																														
SVY-10/15	43286	Esophagectomy, total or ne	51	0.071	44.18	48.00	50.00	60.00	90.00	1058		90	20	20	180	240	300	360	600	45		10	2	3	2	2	1		2	1			0	0	0	3	25	71%
SVY	43286	Esophagectomy, total or ne	56	0.138	45.00	55.00	65.00	72.50	90.00	972		75	20	20	210	300	300	360	600	60		9	1	2	3	2	1		1	2	1		0	0	1	2	30	73%
REC	43286	TRANSHIATAL - SCOPE		0.106			55.00			957	4	60	20	20			300			60	9b	9	1	2	3	2	1		1	2	1							
REF1	43124	Total or partial esophagectc	15	0.097			69.09			1398		60	15	20			243			40		18	3	6	7	1	1		1	3	1							
REF2	43121	Partial esophagectomy, dist	11	0.106			51.43			962		60	15	20			240			40		10	1	4	3	1	1		1	2	1							
current	43112	Total or near total esophage		0.040			47.48			1243		103					415			118		12	2	2	3	4	1		1	2	1							
SVY	43112	Total or near total esophage	65	0.109	51.43	62.00	68.00	77.06	85.50	1112		75	30	15	200	300	360	390	540	45		11	2	2	3	3	1		1	2	1		0	1	2	5	40	94%
REC	43112	MCKEOWN - OPEN		0.093			62.00			1097	4	60	30	15			360			45	9b	11	2	2	3	3	1		1	2	1							
REF1	43121	Partial esophagectomy, dist	25	0.106			51.43			962		60	15	20			240			40		10	1	4	3	1	1		1	2	1							
REF2	43118	Partial esophagectomy, dist	10	0.111			67.07			1184		60	15	20			327			40		13	1	5	5	1	1		1	2	1							
current	43117	Partial esophagectomy, dist		0.048			43.65			1077		110					410			60		12	1	2	2	6	1			2	1							
SVY	43117	Partial esophagectomy, dist	67	0.110	50.00	57.50	65.00	75.00	84.48	1082		75	30	15	180	300	330	360	500	45		11	2	2	3	3	1		1	2	1		0	1	4	10	40	91%
REC	43117	IVOR LEWIS - OPEN		0.088			57.50			1067	4	60	30	15			330			45	9b	11	2	2	3	3	1		1	2	1							
REF1	43118	Partial esophagectomy, dist	17	0.111			67.07			1184		60	15	20			327			40		13	1	5	5	1	1		1	2	1							
REF2	43121	Partial esophagectomy, dist	14	0.106			51.43			962		60	15	20			240			40		10	1	4	3	1	1		1	2	1							
current	43289	Unlisted laparoscopy proce		n/a			0.00																														
current	43499	Unlisted procedure, esopha		n/a			0.00																														
current	43659	Unlisted laparoscopy proce		n/a			0.00																														
SVY-10/15	43287	Esophagectomy, distal two-	51	0.087	49.00	55.00	60.00	75.00	95.00	1121		90	30	30	240	300	360	410	600	45		10	2	3	2	2	1		1	2			0	1	5	10	40	75%
SVY	43287	Esophagectomy, distal two-	59	0.116	55.00	63.00	70.00	80.00	90.00	1112		75	30	20	180	300	360	450	600	60		10	2	2	3	2	1		1	2	1		0	2	5	16	40	92%
REC	43287	IVOR LEWIS - Scope		0.097			63.00			1097	4	60	30	20			360			60	9b	10	2	2	3	2	1		1	2	1							

Tab 6 – Esophagectomy Approaches Comparison Table

CPT Code	Approach	RUC Review Date	RVW	IWPUT	Intra-service time	Total time	Abdominal incision	Chest incision	Neck incision	Thoracoscopic	Laparoscopic	Colon or small bowel used	2005 Freq	2015 Freq
43107	**Transhiatal**	2000	44.18	0.0571	300	987	X		X				882	385
43107		2016	52.05	0.091	270	977	X		X					
43108 (Colon sm bowel)		2005	82.87	0.1100	461	1358	X		X			X	20	5
43286 (scope)		2016	55.00	0.106	300	957			X		X			
43112	**3-Incision McKeown**	2000	47.48	0.0398	415	1243	X	X	X				306	188
43112		2016	62.00	0.093	360	1097	X	X	X					
43113 (Colon or sm bowel)		2005	80.06	0.1110	391	1358	X	X	X			X	19	2
43288 (scope)		2016	66.42	0.091	420	1157			X	X	X			
43116	**Cervical esophagectomy with jejunal free-graft**													
		2005	92.99	0.1120	561	1403	X		X			X	13	5
43117	**Ivor Lewis**	2000	43.65	0.0480	410	1077	X	X						
43117		2016	57.50	0.088	330	1067	X	X					985	705
43118 (Colon or sm bowel)		2005	67.07	0.1110	327	1184	X	X				X	15	9
43287 (scope)		2016	63.00	0.097	360	1097				X	X			
43121	**Thoracotomy only**	2005	51.43	0.1060	240	962		X					63	33
43122	**Thoracoabdominal combined**	2000	44.18	0.0539	310	1015	X	X					265	172
43123 (Colon or sm bowel)		2005	83.12	0.1090	442	1419	X	X					24	11
43124	**Esophagectomy wo reconstruction**	2005	69.09	0.0970	243	1398		X	X				57	63

Tab 6 - Esophagectomy Rank Order Current and Recommended

CPT Code	Approach	RUC Review Date	RVW	IWPUT	Intra-service time	Total time	2005 volume	2015 volume
43117 Current	Ivor Lewis Stomach Open	2000	43.65	0.0480	410	1077	985	705
43107 Current	Transhiatal Stomach Open	2000	44.18	0.0571	300	987	882	385
43122 Current	Thoracoabdominal Combined Incision Open Stomach	2000	44.18	0.0539	310	1015	265	172
43112 Current	McKeown 3 Incisions Open Stomach	2000	47.48	0.0398	415	1243	306	188
43121 Current	Thoracotomy only Open Stomach	2005	51.43	0.1060	240	962	63	33
43107 Proposed	Transhiatal Open Stomach	2016	52.05	0.091	270	977	882	385
43286 Proposed	Transhiatal Scope Stomach	2016	55.00	0.106	300	957		
43117 Proposed	Ivor Lewis Open Stomach	2016	57.50	0.088	330	1067	985	705
43112 Proposed	McKeown 3 Incisions Open Stomach	2016	62.00	0.093	360	1097	306	188
43287 Proposed	Ivor Lewis Scope Stomach	2016	63.00	0.097	360	1097		
43388 Proposed Scope	McKeown 3 Incisions Scope Stomach	2016	66.42	0.091	420	1157		
43118 Current (Colon or Sm bowel)	Ivor Lewis Open Colon or Sm Bowel	2005	67.07	0.1110	327	1184	15	9
43124 Current	Esophagectomy wo Reconstruction Open	2005	69.09	0.0970	243	1398	57	63
43113 Current (Colon or Sm bowel)	McKeown Open Colon or Sm Bowel	2005	80.06	0,1110	391	1358	19	2
43108 Current (Colon or Sm Bowel)	Transhiatal Open Colon or Sm Bowel	2005	82.87	0.1110	461	1358	20	5
43123 Current (Colon or Sm Bowel)	Thoracoabdominal Combined Incision Open Colon or Sm Bowel	2005	83.12	0.1090	442	1419	24	11
43116 Current	Cervical esophagectomy with jejunal free-graft Open	2005	92.99	0.1120	561	1403	13	5

TAB 6 - PFS RANK ORDER COMPARISON TABLE

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
43117	IVOR LEWIS - OPEN CURRENT	43.65	0.0480	1077	60	410	60	1	10	-39	3
43107	TRANSHIATAL - OPEN CURRENT	44.18	0.0571	987	90	300	45	2	8	-39	4
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	45.13	0.095	806	63	240	60	2	5	-38	1
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	46.41	0.113	800	95	229	40	1	6	-38	2
43112	McKeown - OPEN CURRENT	47.48	0.0398	1243	103	415	118	2	9	-39	4
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	49.76	0.105	883	95	264	40	1	7	-38	2
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	50.62	0.112	949	105	240	40	0	12	-38	3
33875	Descending thoracic aorta graft, with or without bypass	50.72	0.083	993	100	240	60	3	6	-39	2
33430	Replacement, mitral valve, with cardiopulmonary bypass	50.93	0.105	913	95	232	40	2	6	-39	3
KEY REF 43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	51.43	0.106	962	95	240	40	1	8	-39	4
43107	TRANSHIATAL – OPEN REC	52.05	0.091	977	95	270	45	2	7	-39	4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	52.19	0.105	882	75	290	53	1	8	-38	3
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	52.68	0.114	853	95	282	40	1	6	-38	2
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	52.79	0.073	1,078	90	315	45	2	10	-38	4
47125	Hepatectomy, resection of liver; total left lobectomy	53.04	0.124	855	75	225	45	2	7	-38	3
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	54.08	0.112	789	120	360	45	0	6	-38	3
61692	Surgery of intracranial arteriovenous malformation; dural, complex	54.59	0.109	896	115	340	68	0	8	-38	2
43286	TRANSHIATAL – Laparoscopic REC	55.00	0.106	957	100	300	60	1	7	-39	4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	56.19	0.097	939	75	360	40	1	8	-38	3
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	56.47	0.111	1,035	95	286	60	0	11	-38	2
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	57.06	0.121	939	95	236	40	3	6	-39	2
33463	Valvuloplasty, tricuspid valve; without ring insertion	57.08	0.100	1,127	95	231	40	2	12	-38	2
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	57.09	0.117	815	120	360	45	0	7	-38	4
47130	Hepatectomy, resection of liver; total right lobectomy	57.19	0.134	870	75	240	45	2	7	-38	3
43117	IVOR LEWIS – OPEN REC	57.50	0.088	1,067	105	330	45	2	8	-39	4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.121	905	95	287	40	2	6	-38	1

TAB 6 - PFS RANK ORDER COMPARISON TABLE

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	59.00	0.122	866	63	300	60	2	5	-38	1
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	59.40	0.101	1,073	120	355	60	0	10	-38	4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	59.46	0.114	931	80	305	40	2	6	-38	2
47122	Hepatectomy, resection of liver; trisegmentectomy	59.48	0.100	1,000	75	300	45	3	7	-38	3
32851	Lung transplant, single; without cardiopulmonary bypass	59.64	0.095	1,165	140	240	90	4	7	-39	2
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	59.87	0.122	898	95	297	40	2	5	-38	2
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	60.04	0.111	1,144	115	280	50	0	15	-38	3
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	60.08	0.130	853	120	300	60	2	4	-38	1
43112	MCKEOWN – OPEN REC	62.00	0.093	1,097	105	360	45	2	8	-39	4
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	62.07	0.114	1,059	95	283	40	2	9	-38	2
43287	IVOR LEWIS Laparoscopic, Thoracoscopic REC	63.00	0.097	1,097	110	360	60	2	7	-39	4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	63.40	0.111	1,194	105	300	50	0	16	-38	3
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	63.41	0.116	874	120	420	50	0	9	-38	2
32445	Removal of lung, pneumonectomy; extrapleural	63.84	0.105	1,182	95	310	40	1	11	-38	4
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	64.00	0.123	986	63	300	60	2	11	-38	1
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	65.08	0.119	926	63	360	60	2	5	-38	1
43288	MCKEOWN Thoracoscopic, Laparoscopic, Open cervical incision REC	66.42	0.091	1,157	110	420	60	2	7	-39	4
KEY REF 43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	67.07	0.111	1,184	95	327	40	1	11	-39	4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	67.50	0.110	1,019	135	420	55	1	8	-38	3
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	69.03	0.114	1,110	110	324	60	3	6	-39	3

TAB 6 - PFS RANK ORDER COMPARISON TABLE

CPT	Long Descriptor	RVW	IWPUT	minutes				visits			
				Total	PRE	INTRA	POST	ICU	INPT	DCHG	OV
KEY REF 43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	**69.09**	0.097	**1,398**	95	**243**	40	3	14	-39	5
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	**69.63**	0.115	**1,209**	115	**360**	50	0	15	-38	3
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	**71.50**	0.117	**1,101**	135	**420**	60	0	9	-38	5
33305	Repair of cardiac wound; with cardiopulmonary bypass	**76.93**	0.100	**1,251**	37	**296**	40	8	7	-38	1
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	**78.00**	0.112	**1,259**	63	**360**	60	4	10	-38	2
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	**79.44**	0.115	**1,221**	135	**480**	60	0	11	-38	5
Other REF 43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**80.06**	0.111	**1,358**	95	**391**	40	2	12	-39	4
Other REF 43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	**82.87**	0.110	**1,358**	95	**461**	40	1	12	-39	4
Other REF 43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	**83.12**	0.109	**1,419**	95	**442**	40	1	14	-39	4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	**84.48**	0.113	**1,440**	130	**375**	90	4	10	-39	2
33945	Heart transplant, with or without recipient cardiectomy	**89.50**	0.117	**1,716**	272	**325**	85	4	12	-39	6
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	**90.00**	0.108	**1,600**	130	**400**	90	4	13	-39	2

Original Article

Utilization of Surgical Treatment for Local and Locoregional Esophageal Cancer: Analysis of the National Cancer Data Base

Lauren J. Taylor, MD; Caprice C. Greenberg, MD, MPH; Anne O. Lidor, MD, MPH; Glen E. Leverson, PhD; James D. Maloney, MD; and Ryan A. Macke, MD

BACKGROUND: Previous studies have suggested that esophagectomy is severely underused for patients with resectable esophageal cancer. The recent expansion of endoscopic local therapies, advances in surgical techniques, and improved postoperative outcomes have changed the therapeutic landscape. The impact of these developments and evolving treatment guidelines on national practice patterns is unknown. **METHODS:** Patients diagnosed with clinical stage 0 to III esophageal cancer were identified from the National Cancer Database (2004-2013). The receipt of potentially curative surgical treatment over time was analyzed, and multivariate logistic regression was used to identify factors associated with surgical treatment. **RESULTS:** The analysis included 52,122 patients. From 2004 to 2013, the overall rate of potentially curative surgical treatment increased from 36.4% to 47.4% ($P<.001$). For stage 0 disease, the receipt of esophagectomy decreased from 23.8% to 17.9% ($P<.001$), whereas the use of local therapies increased from 34.3% to 58.8% ($P<.001$). The use of surgical treatment increased from 43.4% to 61.8% ($P<.001$), from 36.1% to 45.0% ($P<.001$), and from 30.8% to 38.6% ($P<.001$) for patients with stage I, II, and III disease, respectively. In the multivariate analysis, divergent practice patterns and adherence to national guidelines were noted between academic and community facilities. **CONCLUSIONS:** The use of potentially curative surgical treatment has increased for patients with stage 0 to III esophageal cancer. The expansion of local therapies has driven increased rates of surgical treatment for early-stage disease. Although the increased use of esophagectomy for more advanced disease is encouraging, significant variation persists at the patient and facility levels. ***Cancer*** **2016;000:000-000.** © *2016 American Cancer Society.*

KEYWORDS: epidemiology, esophageal cancer, esophagectomy, socioeconomic factors, treatment..

INTRODUCTION

The national incidence of esophageal cancer has risen steadily and has increased 7-fold since the 1970s.[1,2] In 2016, there will be an estimated 16,900 newly diagnosed cases; roughly 50% to 60% of these patients will present with potentially resectable disease.[2,3] Although esophagectomy has traditionally been the mainstay of curative treatment, prior studies have suggested that it is severely underused.[4-6] Possible explanations include a nihilistic attitude toward surgery because of historically high postoperative morbidity and mortality, variations in access to treatment, and a paucity of definitive evidence to guide therapy.[5,6] However, recent paradigm shifts in the management of potentially curable disease call for a reevaluation of surgical utilization.

The development of new treatment modalities and advances in operative technique have changed the therapeutic landscape. National Comprehensive Cancer Network guidelines first recommended endoscopic local therapy as a primary option for early-stage disease in 2008 and as a preferred treatment in 2012. However, esophagectomy persists as an accepted alternative for stage 0 and I disease and continues to be integral to the management of stage II and III disease.[7] Furthermore, improved outcomes with minimally invasive approaches may allow patients who were previously considered too high-risk for resection to benefit from surgical treatment.[8-10]

The optimal management of locoregional disease continues to evolve. National guidelines promote preoperative chemoradiation followed by esophagectomy but allow for multiple therapeutic pathways.[7] Although the necessity of surgical treatment for squamous cell tumors has been challenged,[6,11] National Comprehensive Cancer Network recommendations support definitive chemoradiation only for patients who refuse surgery, are medically unfit for resection, or present

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The data used in this study were derived from a deidentified National Cancer Data Base file. The American College of Surgeons and the Commission on Cancer have not verified and are not responsible for the analytic or statistical methodology employed or the conclusions drawn from these data by the investigators.

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with cervical esophageal tumors.[7] In contrast, European Society for Medical Oncology guidelines endorse definitive chemoradiation for select stage II/III squamous cell carcinomas.[12]

The impact of conflicting treatment strategies, expanded therapeutic options, and improved surgical outcomes on practice patterns remains unknown. We sought to evaluate national utilization of esophagectomy and local therapies over time and to identify factors associated with surgical treatment for patients with local or locoregional esophageal cancer.

MATERIALS AND METHODS

We conducted a retrospective cohort study with the National Cancer Data Base (NCDB), a joint project of the Commission on Cancer of the American College of Surgeons and the American Cancer Society. The NCDB collects data from more than 1500 Commission on Cancer–accredited facilities nationwide. The database captures more than 70% of newly diagnosed cancer cases in the United States and Puerto Rico each year. Because the NCDB is a deidentified, readily available data set, this study was not subject to institutional review board approval.

Study Population

We selected patients who were 18 years old or older and had been diagnosed with adenocarcinoma or squamous cell carcinoma of the esophagus or gastroesophageal junction from 2004 to 2013. The NCDB records data from a single reporting facility; we excluded patients who were diagnosed at the reporting facility but received all treatment elsewhere. The clinical stage was reported according to the American Joint Committee on Cancer staging edition at the time of diagnosis, and we collapsed this variable (eg, stages IA and IB were categorized as stage I). We excluded patients with documented clinical evidence of metastatic disease or tumors of the cervical esophagus, which were identified according to the 3rd edition of *International Classification of Diseases for Oncology* (C15.0; Fig. 1).[13] The median household income was based on the patient's home zip code at the time of diagnosis. We considered community and comprehensive community treatment centers together; we called them community hospitals.

Treatment Definitions

The NCDB reports therapies administered as part of the planned initial course of treatment, and given the disease stages selected for analysis, we presumed that patients underwent surgery with a curative intent. Potentially curative surgical treatment includes esophagectomy (codes 30-80) and endoscopic local therapy (codes 10-27 and 90) according to Facility Oncology Registry Standards.[14] A detailed distribution of local therapies is provided in Table 1. The NCDB defines these interventions as "surgery" and reports the reason for no surgical treatment according to the categories depicted in Figure 1. "Surgery not part of the first course of treatment" includes situations in which patients were given multiple options and chose medical therapy or did not receive any treatment.

Analysis

The primary outcome was the rate of potentially curative surgical treatment from 2004 to 2013. We used logistic regression with the year of diagnosis as a continuous predictor to evaluate treatment rates over time. The comparison of patient and facility characteristics was performed with Pearson chi-square tests for categorical variables. To evaluate predictors of surgical treatment, we performed a multivariate analysis using a binary logistic regression model with the year of diagnosis as the main predictor, and we included age, sex, race, Charlson-Deyo comorbidity score, insurance status, median household income, American Joint Committee on Cancer clinical stage, histology, facility type, and geographic region as a priori defined covariates. We performed a sensitivity analysis excluding patients who died before surgery or for whom surgery was not recommended because of patient risk factors.

We performed 2 subgroup analyses. First, because local therapy is preferred over esophagectomy for superficial lesions, we used multivariate models to identify factors associated with the receipt of esophagectomy for the subset of patients with clinical stage 0 (carcinoma in situ) or I disease who underwent potentially curative surgical treatment. Second, because the guidance on the use of definitive chemoradiation as a potentially curative alternative to esophagectomy for locoregional disease has evolved, we compared stage II/III patients who underwent esophagectomy with those who were offered multiple treatment options but opted for chemoradiation without surgery. Patients for whom surgery was contraindicated because of risk factors or who died before surgery were excluded. The significance level (α) was set at .05 for all analyses, and P values were calculated as 2-tailed. Analyses were performed with SPSS 23 (SPSS, Chicago, Ill).

RESULTS

The analytic cohort included 52,122 patients. Patients had a median age of 67 years (range, 19-90 years) and

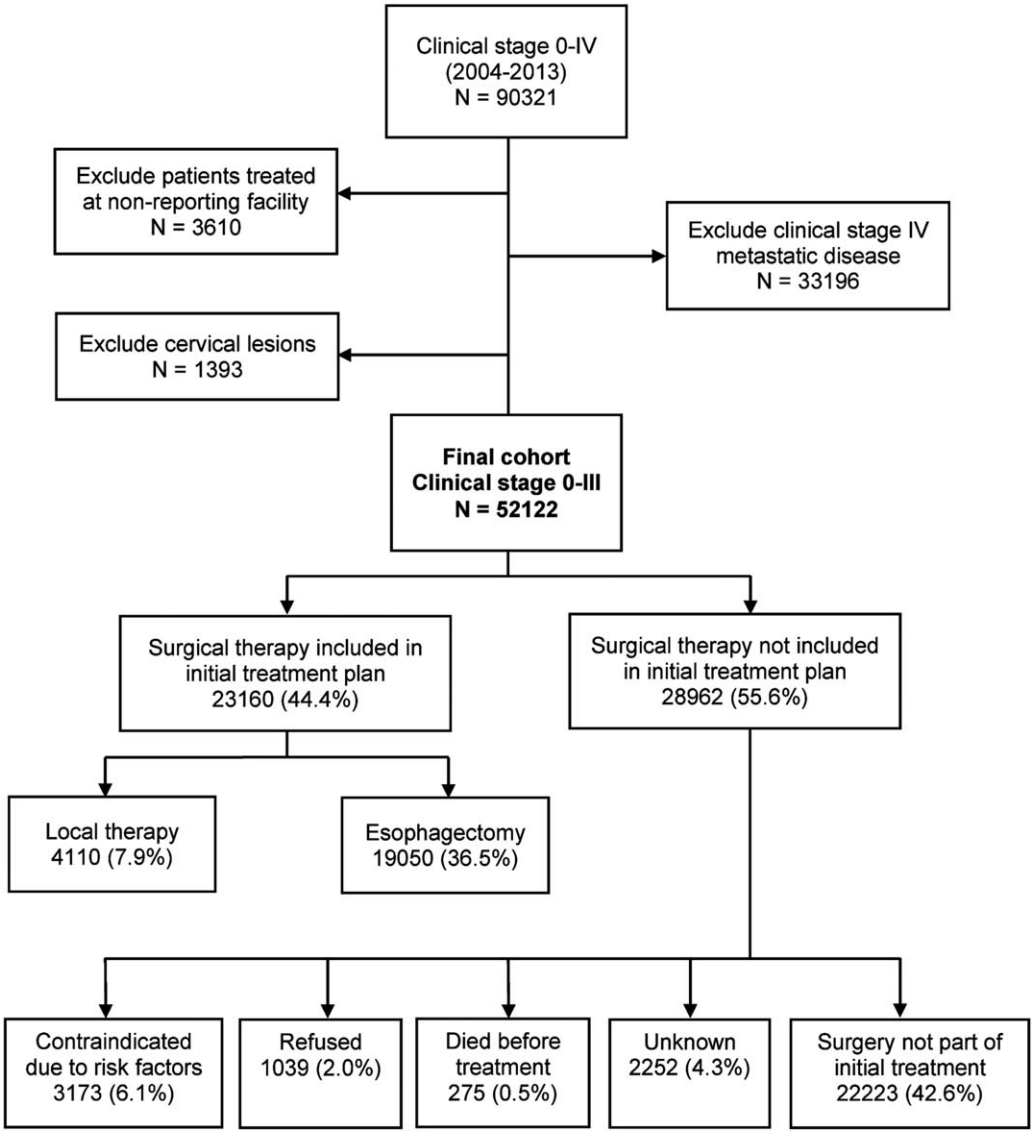


Figure 1. Cohort selection and management of patients with stage 0 to III esophageal cancer from 2004 to 2013.

were predominantly white males. More than 70% presented with clinical stage II or III disease, and 64.5% had adenocarcinoma. Although approximately 13% of the hospitals in the database were academic facilities, nearly half of the study population (46.8%) was managed at these institutions (Table 2).

Overall, 19,050 patients (36.5%) underwent esophagectomy, and 4110 (7.9%) received endoscopic local therapy. The rate of esophagectomy steadily increased from 30.7% to 37.9% ($P < .001$), and the use of local therapies rose from 5.6% to 9.5% ($P < .001$), so the overall rate of potentially curative surgical treatment increased from 36.4% in 2004 to 47.4% in 2013 ($P < .001$). Reasons why the remaining 28,962 patients (55.6%) did not undergo surgical treatment included death before planned surgery (n = 275), a contraindication due to patient risk factors (n = 3173), patient refusal (n = 1039), and unknown reasons (n = 2252; Fig. 1). Among the 22,223 patients for whom surgery was not part of the planned first course of treatment, 3761 received single-modality medical therapy with either chemotherapy or radiation, 14,408 received combined chemoradiation, and 3566 opted for no treatment.

Utilization of Surgical Treatment by Clinical Stage

For stage 0, esophagectomy use decreased from 23.8% to 17.9% ($P < .001$) with a concomitant rise in rates of

TABLE 1. Distribution of Endoscopic Local Therapies

Local Therapy	No. (%)
Local tumor destruction, NOS	116 (2.8)
Photodynamic therapy	268 (6.5)
Electrocautery, fulguration	83 (2.0)
Cryosurgery	134 (3.3)
Laser	125 (3.0)
Local tumor excision, NOS	971 (23.6)
Polypectomy or excisional biopsy	1555 (37.8)
Polypectomy or excisional biopsy with photodynamic therapy	58 (1.4)
Polypectomy or excisional biopsy with electrocautery	272 (6.6)
Polypectomy or excisional biopsy with cryosurgery	75 (1.8)
Polypectomy or excisional biopsy with laser ablation	216 (5.3)
Polypectomy or excisional biopsy with laser excision	50 (1.2)
Surgery, NOS	187 (4.5)
Total	4110

Abbreviation: NOS, not otherwise specified.

TABLE 2. Baseline Characteristics of Patients With Stage 0 to III Esophageal Cancer

Characteristic	Value
Age, median (mean, SD), y	67 (66.8, 11.4)
Male sex, No. (%)	40,662 (78.0)
Race, No. (%)	
White	45,398 (87.1)
Black	4867 (9.3)
Other	1857 (3.6)
AJCC clinical stage, No. (%)	
0	2220 (4.3)
I	11,085 (21.3)
II	17,760 (34.1)
III	21,057 (40.4)
Adenocarcinoma, No. (%)	33,628 (64.5)
Charlson Comorbidity Index score	
0	38,374 (73.6)
1	10,343 (19.8)
≥2	3405 (6.5)
Median income, No. (%)	
<$38,000	9457 (18.1)
$38,000-47,999	12,623 (24.2)
$48,000-62,999	13,775 (26.4)
≥$63,000	15,147 (29.1)
Unknown	1120 (2.1)
Insurance status, No. (%)	
Uninsured	1532 (2.9)
Private	17,208 (33.0)
Medicaid or other government	4157 (8.0)
Medicare	27,519 (52.8)
Unknown	1706 (3.3)
Facility type, No. (%)	
Community	24,347 (46.7)
Academic	24,402 (46.8)
Other	3373 (6.5)
Facility location, No. (%)	
Northeast	11,661 (22.4)
South Atlantic	11,465 (22.0)
Midwest	13,809 (26.5)
South	6864 (13.2)
West	7867 (15.1)
Unknown	456 (0.9)

Abbreviations: AJCC, American Joint Committee on Cancer; SD, standard deviation.

endoscopic local therapy from 34.3% to 58.8% ($P < .001$). The impact of local therapies drove growth in the overall use of surgical treatment from 58.0% in 2004 to 76.7% by 2013 (Fig. 2A). The receipt of esophagectomy for stage I increased modestly from 29.8% to 34.5% ($P = .16$). The use of local therapies doubled from 13.6% to 27.4% ($P < .001$), and this contributed to an expansion of surgical treatment from 43.4% to 61.8% by 2013 for stage I (Fig. 2B). For locoregional disease, rates of surgical treatment increased from 36.1% to 45.0% ($P < .001$) and from 30.8% to 38.6% ($P < .001$) for clinical stages II and III, respectively. The use of local therapy remained less than 2.6% (Fig. 2C,D).

Predictors of Potentially Curative Surgical Treatment

Patients receiving surgical treatment tended to be younger, white, privately insured males with a higher median household income ($P < .001$). Those managed at academic centers were significantly more likely to undergo potentially curative surgical treatment than those managed at community hospitals (odds ratio [OR], 2.72; 95% confidence interval [CI], 2.61-2.84). A more advanced clinical stage was associated with decreased odds of surgical treatment in comparison with stage 0 (OR for stage I, 0.51; 95% CI, 0.46-0.57; OR for stage II, 0.26; 95% CI, 0.23-0.29; OR for stage III, 0.16; 95% CI, 0.15-0.18), and patients with adenocarcinoma were more than 2-fold more likely to undergo surgical treatment than patients with squamous cell carcinoma (OR, 2.68; 95% CI, 2.56-2.81). In the adjusted analysis, the year of diagnosis remained a small but significant predictor (OR per year, 1.04; 95% CI, 1.03-1.04; $P < .001$; Table 3). A sensitivity analysis excluding patients who died before surgery or for whom surgery was contraindicated yielded similar findings.

Use of Esophagectomy: Clinical Stage 0 or I

For the subset of stage 0/I patients who underwent surgical treatment (n = 7965), the adjusted analysis revealed that the receipt of esophagectomy rather than endoscopic local therapy was more likely for patients with clinical stage I disease (OR, 3.52; 95% CI, 3.08-4.02) and for those with adenocarcinoma versus squamous cell carcinoma (OR, 1.28; 95% CI, 1.06-1.37). Notably, patients managed at community facilities had significantly greater odds of being treated with esophagectomy (OR, 1.78;

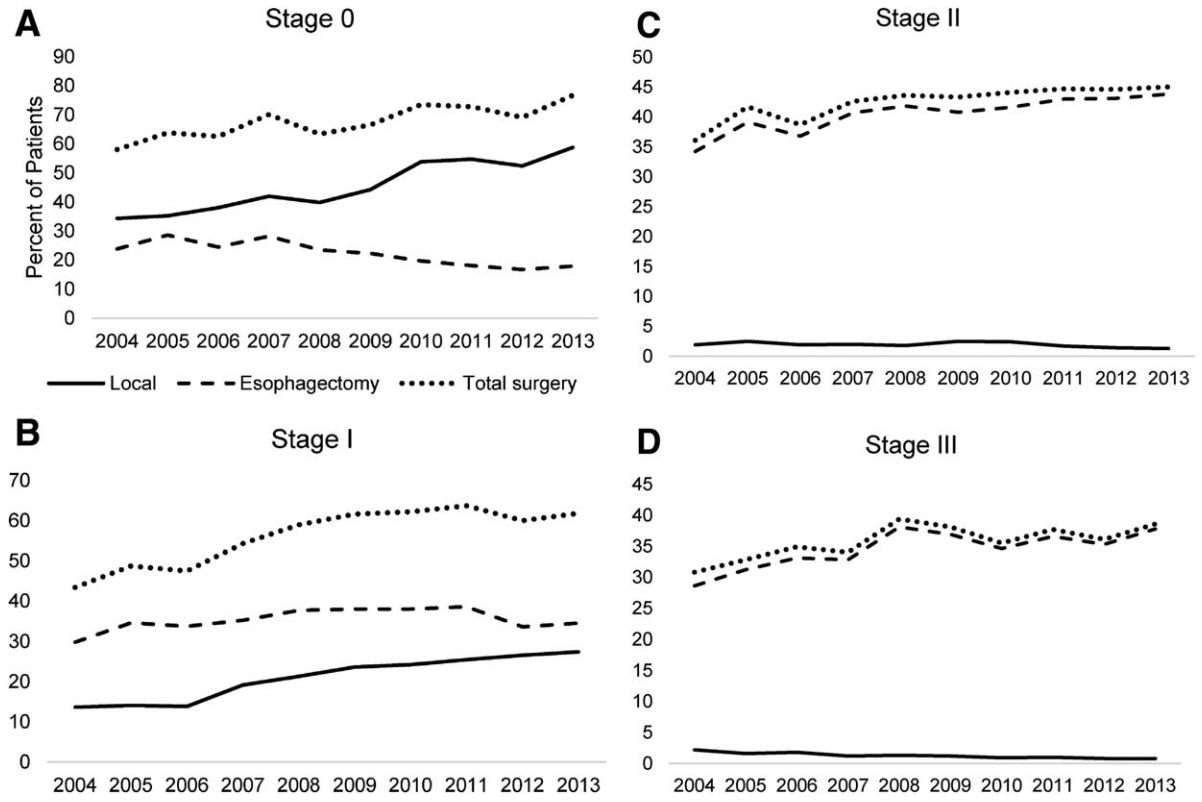


Figure 2. Utilization rates of esophagectomy, local therapy, and overall potentially curative surgical treatment from 2004 to 2013 for patients with (A) clinical stage 0, (B) clinical stage I, (C) clinical stage II, and (D) clinical stage III esophageal cancer.

95% CI, 1.59-2.00). Year of diagnosis was a negative predictor of esophagectomy (OR per year, 0.91; 95% CI, 0.89-0.92; $P < .001$; Table 4).

Use of Esophagectomy: Clinical Stage II or III

As for stage II/III patients treated with esophagectomy or chemoradiation without surgery (n = 29,480), those managed surgically tended to be younger, white, privately insured and to live in regions with a higher median household income ($P < .001$ for all). Compared with stage II patients, stage III patients were less likely to undergo esophagectomy (OR, 0.66; 95% CI, 0.63-0.70). Treatment at an academic facility (OR, 2.42; 95% CI, 2.29-2.56) and adenocarcinoma (OR, 2.83; 95% CI, 2.67-3.01) were the strongest predictors of surgical treatment. In the adjusted analysis, the year of diagnosis remained a significant predictor of esophagectomy (OR per year, 1.02; 95% CI, 1.01-1.03; $P < .001$; Table 5).

DISCUSSION

Based on a large national data set, our results demonstrate a significant increase in the utilization of surgical treatments for stage 0 to III esophageal cancer from 36.4% in 2004 to 47.4% in 2013. This rise was fueled by the adoption of endoscopic local therapies for the management of local disease (stage 0/I) and the increased use of esophagectomy for locoregional cancers (stage II/III). To our knowledge, this is the first study to report national practice patterns for the surgical management of potentially resectable esophageal cancer in recent years. These findings are encouraging because of the rising burden of disease and suggest growing awareness of and adherence to national guidelines.

Although evidence supports improved survival after complete surgical resection for patients without distant disease,[4,15] previous national studies have reported severe underuse of esophagectomy.[4,5] Investigations using the Surveillance, Epidemiology, and End Results cancer registry report a rate of 34.1% for stages I to III between 1997 and 2002,[4] and a subsequent analysis including in situ, local, and regional disease from 1988 to 2004 found that 44% of patients received an esophagectomy. Notably, esophagectomy rates failed to increase during the 17-year period.[5] Although exposing critical underuse, these studies were limited by small sample sizes and were conducted before the formal incorporation of local therapies into national guidelines.

TABLE 3. Multivariate Analysis of Factors Predictive of Potentially Curative Surgical Treatment for Patients With Stage 0 to III Esophageal Cancer

Variable	Surgery, No. (%)	Adjusted Odds Ratio	95% Confidence Interval	Adjusted *P*
Age				<.001
18-49 y	1964 (57.9)	1.00 (referent)		
50-59 y	5672 (53.8)	0.81	0.74-0.89	
60-69 y	8591 (52.3)	0.69	0.63-0.76	
70-79 y	5549 (39.3)	0.39	0.36-0.43	
≥80 y	1384 (18.1)	0.12	0.10-0.13	
Sex				<.001
Female	3966 (34.6)	1.00 (referent)		
Male	19,194 (47.2)	1.13	1.08-1.19	
Race				<.001
Black	982 (20.2)	1.00 (referent)		
White	21,410 (92.4)	2.15	1.98-2.34	
Other	768 (41.4)	1.84	1.61-2.10	
Insurance status				<.001
Uninsured	439 (28.7)	1.00 (referent)		
Private	10,179 (59.2)	2.78	2.45-3.16	
Medicaid or other government	1462 (35.2)	1.24	1.08-1.43	
Medicare	10,474 (38.1)	1.99	1.75-2.27	
Unknown	606 (35.5)	0.93	0.78-1.09	
Median income				<.001
<$38.000	3362 (35.6)	1.00 (referent)		
$38,000-47,999	5566 (44.1)	1.18	1.11-1.26	
$48,000-62,999	6463 (46.9)	1.24	1.16-1.32	
≥$63,000	7351 (48.5)	1.30	1.22-1.38	
Unknown	418 (37.3)	0.92	0.79-1.06	
Charlson score				<.001
0	17,246 (44.9)	1.00 (referent)		
1	4673 (45.2)	1.09	1.03-1.14	
≥2	1241 (36.4)	0.70	0.65-0.77	
AJCC clinical stage				<.001
0	1515 (68.2)	1.00 (referent)		
I	6450 (58.2)	0.51	0.46-0.57	
II	7573 (42.6)	0.26	0.23-0.29	
III	7622 (36.2)	0.16	0.15-0.18	
Histology				<.001
Squamous cell carcinoma	5082 (27.5)	1.00 (referent)		
Adenocarcinoma	18,078 (53.8)	2.68	2.56-2.81	
Facility type				<.001
Community	7923 (32.5)	1.00 (referent)		
Academic	13,671 (56.0)	2.72	2.61-2.84	
Other	1566 (46.4)	1.69	1.54-1.84	
Facility location				<.001
Northeast	5254 (45.1)	1.00 (referent)		
South Atlantic	4904 (42.8)	1.10	1.03-1.17	
Midwest	6534 (47.3)	1.21	1.14-1.28	
South	2701 (39.4)	0.96	0.89-1.03	
West	3472 (44.1)	1.13	1.06-1.21	
Unknown	295 (64.7)	1.40	1.10-1.79	
Year of diagnosis		1.04	1.03-1.04	<.001
2004	1360 (36.4)			
2005	1614 (40.5)			
2006	1683 (39.7)			
2007	1898 (42.5)			
2008	2450 (46.0)			
2009	2601 (46.4)			
2010	2750 (46.3)			
2011	2890 (47.4)			
2012	2846 (45.5)			
2013	3068 (47.4)			

Abbreviation: AJCC, American Joint Committee on Cancer.

We noted a significant overall increase in the rates of esophagectomy driven by the clear majority of patients who presented with stage II/III disease. Although esophagectomy has been historically viewed as an invasive, high-risk procedure with questionable benefit because of low overall disease survival,[4] these findings suggest increasing

TABLE 4. Multivariate Analysis of Clinical Stage 0 or I Comparing Those Who Underwent Esophagectomy (n = 4452) With Those Who Received Endoscopic Local Therapy (n = 3513)

Variable	Esophagectomy, No. (%)	Adjusted Odds Ratio	95% Confidence Interval	Adjusted *P*
Age				<.001
18-49 y	348 (73.9)	1.00 (referent)		
50-59 y	1023 (65.9)	0.63	0.48-0.82	
60-69 y	1736 (63.2)	0.57	0.44-0.74	
70-79 y	1165 (49.8)	0.33	0.25-0.43	
≥80 y	180 (21.1)	0.09	0.06-0.12	
Sex				.83
Female	781 (52.6)	1.00 (referent)		
Male	3671 (56.6)	1.01	0.89-1.15	
Race				.053
Black	171 (64.8)	1.00 (referent)		
White	4141 (55.9)	0.77	0.58-1.04	
Other	140 (47.6)	0.62	0.42-0.91	
Insurance status				<.001
Uninsured	61 (59.8)	1.00 (referent)		
Private	1830 (63.9)	1.27	0.81-1.98	
Medicaid or other government	277 (61.8)	1.12	0.69-1.82	
Medicare	2113 (48.9)	1.09	0.69-1.70	
Unknown	171 (74.0)	2.34	1.35-4.04	
Median income				.54
<$38,000	654 (58.7)	1.00 (referent)		
$38,000-47,999	1074 (56.8)	0.96	0.81-1.14	
$48,000-62,999	1298 (57.0)	0.99	0.84-1.16	
≥$63,000	1357 (53.0)	0.90	0.77-1.06	
Unknown	69 (58.0)	1.09	0.71-1.66	
Charlson score				<.001
0	3166 (53.7)	1.00 (referent)		
1	1015 (64.1)	1.48	1.30-1.68	
≥2	271 (55.2)	1.06	0.86-1.29	
AJCC clinical stage				<.001
0	484 (31.9)	1.00 (referent)		
I	3968 (61.5)	3.52	3.08-4.02	
Histology				.004
Squamous cell	847 (46.6)	1.00 (referent)		
Adenocarcinoma	3605 (58.6)	1.28	1.06-1.37	
Facility type				<.001
Academic	2734 (51.2)	1.00 (referent)		
Community	1421 (65.1)	1.78	1.59-2.00	
Other	297 (66.6)	1.97	1.54-2.5	
Facility location				<.001
Northeast	864 (49.7)	1.00 (referent)		
South Atlantic	918 (50.4)	0.98	0.85-1.14	
Midwest	1237 (60.0)	1.27	1.10-1.46	
South	660 (69.8)	1.53	1.27-1.85	
West	724 (54.4)	1.08	0.92-1.27	
Unknown	49 (69.0)	0.63	0.33-1.19	
Year of diagnosis		0.91	0.89-0.92	<.001

Abbreviation: AJCC, American Joint Committee on Cancer.

acceptance of radical resection. Potential explanations for this shift include the adoption of minimally invasive esophagectomy,[8,10] lower postoperative mortality at specialized high-volume centers,[16-18] and growing evidence from prospective studies such as the CROSS trial[19] demonstrating improved long-term survival with preoperative chemoradiation.[20,21]

In concordance with preferred treatment algorithms, endoscopic modalities were the primary contributor to increasing rates of surgical treatment for superficial cancers, and a subgroup analysis of stage 0/I disease indicates a shift away from esophagectomy. Our findings build on work by Berry et al,[22] who reported increasing use of endoscopic local therapies for T1N0 disease from 8.1% in 1998 to 24.1% in 2008. Although retrospective analyses suggest that local treatments provide effective therapy,[22,23] because of the apparent widespread adoption of these modalities, prospective trials may be increasingly valuable for evaluating long-term outcomes.

TABLE 5. Multivariate Analysis of Clinical Stage II or III Comparing Those Who Underwent Esophagectomy (n = 14,597) With Those Who Received Chemoradiation Without Surgery (n = 14,883)

Variable	Esophagectomy, No. (%)	Adjusted Odds Ratio	95% Confidence Interval	Adjusted *P*
Age				<.001
18-49 y	1450 (62.8)	1.00 (referent)		
50-59 y	4000 (57.9)	0.79	0.70-0.88	
60-69 y	5680 (55.9)	0.68	0.60-0.76	
70-79 y	3042 (40.3)	0.36	0.32-0.41	
≥80 y	425 (16.6)	0.10	0.08-0.11	
Sex				.002
Female	2351 (39.7)	1.00 (referent)		
Male	12,246 (52.0)	1.11	1.04-1.19	
Race				<.001
Black	664 (25.6)	1.00 (referent)		
White	13,490 (52.1)	1.86	1.67-2.07	
Other	443 (45.1)	1.66	1.40-1.98	
Insurance status				<.001
Uninsured	318 (36.2)	1.00 (referent)		
Private	7114 (63.4)	2.44	2.01-2.86	
Medicaid or other government	964 (39.0)	1.07	0.90-1.27	
Medicare	5844 (42.3)	1.84	1.56-2.16	
Unknown	357 (32.7)	0.57	0.46-0.70	
Median income				<.001
<$38,000	2120 (41.1)	1.00 (referent)		
$38,000-47,999	3532 (49.3)	1.15	1.06-1.25	
$48,000-62,999	4028 (51.4)	1.18	1.09-1.28	
≥$63,000	4637 (53.2)	1.25	1.15-1.35	
Unknown	280 (45.6)	0.97	0.80-1.17	
Charlson score				<.001
0	10,911 (49.1)	1.00 (referent)		
1	2975 (52.2)	1.17	1.09-1.25	
≥2	711 (45.3)	0.87	0.78-0.98	
AJCC clinical stage				<.001
II	7230 (53.0)	1.00 (referent)		
III	7367 (46.5)	0.66	0.63-0.70	
Histology				<.001
Squamous cell	3069 (31.0)	1.00 (referent)		
Adenocarcinoma	11,528 (58.9)	2.83	2.67-3.01	
Facility type				<.001
Community	5471 (39.5)	1.00 (referent)		
Academic	8034 (58.9)	2.42	2.29-2.56	
Other	1092 (54.6)	1.76	1.57-1.97	
Facility location				<.001
Northeast	3366 (51.1)	1.00 (referent)		
South Atlantic	2959 (47.6)	1.05	0.96-1.13	
Midwest	4306 (52.8)	1.16	1.08-1.25	
South	1683 (43.8)	0.96	0.88-1.06	
West	2067 (47.2)	1.02	0.94-1.11	
Unknown	216 (67.7)	1.12	0.83-1.50	
Year of diagnosis		1.02	1.01-1.03	<.001

Abbreviation: AJCC, American Joint Committee on Cancer.

We found that 61.9% of newly diagnosed cases presented with tumors considered resectable according to the clinical stage (0-III); this is consistent with previous population-based reports.[2] Although our data suggest an increase in overall surgical use, more than half of these patients received exclusively nonsurgical therapies or did not undergo treatment, and this indicated significant ongoing underutilization of potentially curative surgical options. Previous investigations have cited racial and socioeconomic disparities as drivers of surgical underuse,[4,5] and unfortunately, we have found that this trend persists. Interestingly, although patient-level disparities were less pronounced in predictors of esophagectomy versus local therapies for stages 0 and I, we noted significant racial and socioeconomic influence in the use of esophagectomy versus definitive chemoradiation in the stage II/III subgroup. The precise etiology of this patient-level variation is uncertain but may include the following: access to care, cost of therapy, knowledge deficits related to available and preferred treatment options, and patient preference to avoid

potentially onerous radical surgical resection. Further clarification of patient-related barriers to surgical treatment is needed, particularly for those with more advanced disease.

Our analysis uncovered significant variations in adherence to national guidelines because academic and community hospitals demonstrated distinctly different practice patterns. We found that patients treated at community hospitals were less likely to receive surgical treatment than their counterparts at academic centers. Diverging practices persisted in both subgroup analyses: those managed at community centers were more likely to undergo esophagectomy for stage 0/I disease and were less likely to undergo esophagectomy for stage II/III tumors. Heightened deviation from preferred algorithms at nonacademic centers may stem from limited access to skilled providers who can perform local therapies or advanced minimally invasive techniques and from insufficient resources to facilitate higher level multidisciplinary postesophagectomy management of these complex patients. Because academic centers are not located in many communities, longer travel times and a hesitancy to refer patients to out-of-network providers may pose critical barriers to preferred surgical treatment, particularly in light of identified socioeconomic disparities. This facility variability highlights an opportunity to improve the awareness of current guidelines and the dissemination of local therapy options at the community level.

Ongoing controversy exists regarding the optimal management of patients with squamous cell carcinomas. Although a recent Cochrane review found no difference in long-term mortality or recurrence for patients treated with definitive chemoradiation versus surgery, the quality of evidence was low or very low.[24] Our results demonstrate that patients with squamous cell carcinoma were almost 3 times less likely to have surgical therapy than those with adenocarcinoma. This histology-based deviation provides evidence to support the impact of European guidelines[12] endorsing definitive chemoradiation on practice patterns in the United States.

It is worth noting that for the majority of patients who did not undergo surgical therapy, the reason was documented as "surgery not part of the first course of treatment." This includes a heterogeneous group of patients; it is unknown how many were offered surgery and chose alternative therapy versus how many were not offered surgery. However, this category is distinct from those for whom surgery is contraindicated, and thus we presume that it represents patients who are potentially surgical candidates. Further characterization of patients who do not undergo curative treatment offers tremendous potential to increase utilization, address potential surgeon bias, and improve patients' understanding of therapeutic options.

Our use of the NCDB offers an analysis of a significantly larger nationally representative sample in comparison with previous reports. However, this study has several limitations. We included all patients with potentially resectable disease according to the clinical stage to facilitate comparisons with earlier studies. Although our cohort contained patients for whom surgery was contraindicated or who died before treatment, these patients represented a small proportion, and a sensitivity analysis produced similar results. Because of changes in American Joint Committee on Cancer staging guidelines during the study period, our cohort included 725 patients (1.4% of the total cohort) with T4b lesions for whom definitive chemoradiation is currently recommended. We believe that the inclusion of these patients was justified to facilitate comparisons with earlier studies because before 2010 the distinction between T4a and T4b lesions did not exist. The NCDB does not provide information on how patients were staged, so we were unable to assess the quality and accuracy of staging information, and although it offers some data on patient characteristics, this database lacks the granularity necessary to better define differences between those for whom surgical therapies were and were not recommended. Unfortunately, the database records information only for a single reporting facility, and thus we acknowledge that our analyses do not account for patients who were diagnosed at the reporting hospital but received all treatment elsewhere. However, this scenario occurred for less than 4% of the patients in the database with clinical stage 0 to IV disease, and because of the otherwise large sample size, the exclusion of these patients was unlikely to have had a substantial impact on the overall trends. Finally, these data represent the planned initial treatment strategy; the NCDB does not report subsequent therapies after failed first-course treatments. Therefore, it is likely that overall utilization of surgical treatment is greater than these results indicate because there are certainly patients who underwent esophagectomy after failed local therapy, salvage resection after definitive chemoradiation, or subsequent local therapy such as cryotherapy with palliative intent.

In conclusion, using a large national sample, we have demonstrated increased use of surgical treatment from 2004 to 2013 for stage 0 to III esophageal cancer. The impact of local therapies has significantly expanded the receipt of surgical treatment for superficial tumors.

However, facility- and patient-level variation in the use of esophagectomy for locoregional disease persists. Further investigation into the characteristics of medically fit patients managed nonoperatively is warranted to identify barriers to receiving recommended surgical therapies.

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CONFLICT OF INTEREST DISCLOSURES

The authors made no disclosures.

AUTHOR CONTRIBUTIONS

Lauren J. Taylor: All analyses, drafting of the manuscript, and critical review of the manuscript. **Caprice C. Greenberg**: Conceptual guidance and critical review of the manuscript. **Anne O. Lidor**: Conceptual guidance and critical review of the manuscript. **Glen E. Leverson**: Statistical guidance and critical review of the manuscript. **James D. Maloney**: Conceptual guidance and critical review of the manuscript. **Ryan A. Macke**: Study design, analysis, conceptual guidance and critical review of the manuscript.

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Outcomes after endoscopic versus surgical therapy for early esophageal cancers in an older population CME

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Background and Aims: Endoscopic treatment of early esophageal cancer provides an alternative to esophagectomy, which older patients may not tolerate. Population-based data regarding short-term outcomes and recurrence after endoscopic treatment for esophageal cancer are limited. We compared short-term outcomes, treated recurrence, and survival after endoscopic versus surgical therapy for early esophageal cancers in an older population.

Methods: We conducted a retrospective cohort study identifying patients aged ≥66 years with Tis or T1a tumors without nodal involvement diagnosed from 1994 to 2011 from the linked Surveillance, Epidemiology, and End Results (SEER)-Medicare database.

Results: Of 2193 patients, 41% (n = 893) underwent esophagectomy, and 12% (n = 255) underwent endoscopic treatment within 6 months of diagnosis. Those treated endoscopically were older and more likely to have a Charlson comorbidity score ≥2. A composite endpoint, hospitalization and/or adverse events at 60 days, was higher in surgical patients than in the endoscopic treatment group (30% vs 12%; $P < .001$). In a Cox model stratified by histology, adjusting for other factors, endoscopic treatment was associated with improved 2-year survival (hazard ratio 0.51; 95% CI, 0.36-0.73).

Conclusions: In this older population, a composite short-term endpoint was worse in the surgical group. Endoscopic treatment was associated with improved survival through 2 years. These results suggest that endoscopic treatment is a reasonable approach for early esophageal cancers in the elderly. (Gastrointest Endosc 2016;84:232-40.)

(footnotes appear on last page of article)

Esophageal cancer carries a poor prognosis, with a 40% 5-year survival rate for localized disease.[1] In the United States, this cancer predominantly affects older individuals, with a median age at diagnosis of 67.[2] Although esophagectomy provides the best chance of cure for early stage I esophageal cancer (T1N0M0)[3] and high-grade dysplasia (TisN0M0), it is a technically demanding, invasive operation with potentially high rates of short-term mortality (7%-13%)[4] and morbidity. In elderly patients who often have comorbid conditions, short-term risks may outweigh the benefit of long-term cure offered by esophagectomy.

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Endoscopic treatment with resection, often performed with ablation, is gaining acceptance and may be better tolerated in elderly patients. Endoscopic treatment can be used particularly for high-grade dysplasia and superficial cancers confined to the lamina propria or muscularis mucosae (T1a) because of low likelihood of lymph-node metastasis.[5] Endoscopic methods may, however, raise concerns about inadequate resection because they yield markedly limited tissue specimens compared with esophagectomy. Assessment of tumor depth of invasion and nodal involvement by EUS may guide the treatment approach.[6]

Previous research assessing esophagectomy in older patients has not compared its effectiveness with endoscopic treatment. We therefore aimed to compare short-term and long-term outcomes among older patients undergoing endoscopic treatment versus esophagectomy. We hypothesized that endoscopic treatment of early esophageal cancer provides comparable long-term outcomes and

favorable short-term outcomes compared with esophagectomy in elderly patients. Our primary outcome was 2-year survival. Other outcomes of interest included hospitalizations, adverse events, death at 60 days, need for dilation, and use of EUS.

METHODS

We performed a retrospective cohort study by using the Surveillance, Epidemiology, and End Results (SEER) tumor registry data linked to Medicare claims (SEER-Medicare) to identify patients with early esophageal cancer or high-grade dysplasia. The study protocol was approved by the University Hospitals Case Medical Center Institutional Review Board and the National Cancer Institute (NCI).

Data sources

NCI's SEER program provides reliable data regarding cancer incidence from cancer registries which, after its latest expansion in 2010, now covers approximately 28% of the U.S. population.[7] SEER collects data regarding patients with a confirmed cancer diagnosis including demographic information, presenting stage, lymph node involvement, histology, surgery and radiation treatment within 4 months of diagnosis, and survival. Linkage of SEER to Medicare claims data allows identification of comorbidities and treatment beyond the first 4 months after cancer diagnosis. Procedures can be identified in SEER and from Medicare hospital inpatient claims, physician-supplier claims (national claims history), or standard analytical file outpatient claims. Procedures in Medicare hospital inpatient claims are identified through International Classification of Diseases, 9th Revision-Clinical Modification (ICD-9-CM) procedure codes. Procedures from national claims history and standard analytical file are identified through Current Procedural Terminology (CPT) codes (© American Medical Association copyright 2009. All rights reserved. Courtesy of the American Medical Association).

Study population

Patients with incident cases of high-grade dysplasia or early esophageal cancer diagnosed between 1994 and 2011 who underwent esophagectomy or endoscopic treatment within 6 months of diagnosis were identified. In order to capture comorbid conditions and outpatient procedures, patients had to participate in Medicare Part A and B from 6 months before diagnosis until 9 months after diagnosis or death. Patients aged $\geq$66 at diagnosis were included to assess comorbid conditions and to evaluate use of EUS before cancer diagnosis. We excluded patients enrolled in a health maintenance organization from 6 months before to 3 months after cancer diagnosis, because of incomplete claims data; patients not enrolled in Medicare Part B, because of lack of outpatient claims data; and patients with prior cancer.

MEASURES

Patient, hospital, and tumor characteristics

Patient demographic characteristics including age, race, marital status, SEER registry, and sex were obtained from SEER. Cases with anatomic site recorded as esophagus were included. Histology as reported by ICD-O-3 coding was classified as adenocarcinoma or squamous cell carcinoma according to the Collaborative Stage Data Collection System Version 02.04.[8] Cases with tumor depth classified as in situ (Tis) or extending into the mucosa (T1a) were included based on SEER variables for tumor extension (e10ex1 for cases diagnosed 1994-2003, coded as 00 or 10-12 and csex1 for cases diagnosed 2004-2011, coded as 000, 100, 110, or 120). Cases with T1b and greater tumor depth, lymph node involvement, or metastatic disease at presentation were excluded.

Geographic characteristics

County-level Area Health Resources Files (AHRF) data regarding education (% residents with a college education) and median income were used as proxy for socioeconomic status. County-level gastroenterologist and primary care provider density per 1000 population were characterized by using AHRF data. Cases missing AHRF data were excluded. AHRF data were categorized into quartiles because of their skewed distribution. SEER registries were grouped into 4 geographic regions (Northeast, Midwest, South, and West).

Comorbidities

A modified version of the Deyo adaptation of the Charlson comorbidity index was used to identify comorbid conditions by using ICD-9-CM diagnosis codes from inpatient, outpatient, and physician-supplier claims.[9] Malignancy was excluded from the Charlson calculation.

Treatment approach

Patients with early esophageal cancer undergoing esophagectomy or endoscopic treatment (ablation, local tumor destruction, or EMR) from 1 month before to 6 months after diagnosis were included. Because use of both SEER (which records the most invasive cancer-directed treatment) and Medicare claims may enhance identification of cancer surgery,[10] patients receiving endoscopic treatment according to SEER with no Medicare claims for esophagectomy 1 month before to 6 months after cancer diagnosis were classified in the endoscopic treatment group. Treatment approach was identified from Medicare inpatient, outpatient, and physician-supplier claims. Patients undergoing both endoscopic treatment and esophagectomy within 6 months of diagnosis were included in the esophagectomy group. Procedure codes

used to identify treatment approach (Supplemental Table 1, available online at www.giejournal.org) include those suggested by the American Society for Gastrointestinal Endoscopy Technology Committee to be the most applicable for endoscopic treatment.[11] Radiation therapy as first course of treatment was assessed through SEER (variable rad1) and demonstrated high concordance (κ statistic = 0.802) with receipt of radiation in Medicare claims as identified through a previously published algorithm.[12]

EUS

Receipt of EUS was assessed within 30 days before diagnosis to 3 months after diagnosis as in a previous study from our group.[13] EUS was identified from outpatient and physician-supplier files with the following CPT codes: 43231, 43232, 43242, 43259, 76975.

Short-term outcomes

Hospital admission was defined as admission to an acute-care hospital within 60 days of discharge after hospitalization (for esophagectomy) or procedure (for endoscopic treatment). Admissions to skilled nursing care, rehabilitation facilities, and long-term care hospitals were excluded. Adverse events within 60 days, identified from inpatient, outpatient, and physician-supplier claims, included postprocedural interventions; as previously suggested,[14] they are closely associated with severe adverse events. Adverse events were identified by using the following ICD-9-CM diagnosis codes and procedure codes (ICD-9-CM and CPT): hemorrhage complicating a procedure (998.1), accidental puncture or laceration during a procedure (998.2), retrieval of retained foreign body (CPT 49085; ICD-9 54.92), management of postoperative shock/hemorrhage (ICD-9 39.98), management of abdominal infection (CPT 49020, 49021, 49040, 49041, 49060, 49061, 49080, 49081, 75989; ICD-9 54.0, 54.91, 54.19), repair of an organ injury/laceration (CPT 38100, 44602, 44603; ICD-9 31.71, 33.41, 41.5, 42.82, 44.61, 46.71, 46.73, 50.61, 51.91), reoperative laparotomy (CPT 49002, 49000, 49010; ICD-9 54.12, 54.11, 54.21), management of wound adverse event (CPT 10060, 10061, 10120, 10121, 10140, 10180, 12020, 13160, 97601, 97602; ICD-9 54.61, 86.22), and management of bowel obstruction (CPT 44050). An a priori composite short-term outcome measure, defined as hospitalization and/or adverse event within 60 days, was evaluated to comply with NCI policy, which bars reporting of events with frequency <11. Perioperative mortality was defined as death occurring within 60 days of esophagectomy or endoscopic treatment.

Dilation

Endoscopic dilation within 6 months of esophagectomy or endoscopic treatment was evaluated from inpatient, outpatient, and physician-supplier files. The following codes were used to identify dilation: CPT 43220, 43249, 43226, 43248, 43450, 43453, 43456; ICD-9 42.92.

Treated recurrence

Similar to a previously published algorithm for identifying cancer relapse,[15] treatment for recurrent disease was assessed by receipt of chemotherapy and/or radiation >6 months after endoscopic or surgical treatment. Receipt of chemotherapy was identified from Medicare hospital inpatient claims, physician-supplier, and standard analytical files with the following codes: chemotherapy administration (99.25), antineoplastic chemotherapy encounter (V58.11), cancer chemotherapy follow-up (V67.2), convalescence and palliative care after chemotherapy (V66.2), outpatient or physician administration of chemotherapy (Q0083–Q0085), chemotherapeutic agents (Healthcare Common Procedure Coding System codes J9000-J9999), and revenue center codes (0331, 0332, 0335). Radiation therapy was identified with ICD-9 codes 92.2, V58.0, V66.1, and V67.1, CPT codes 77xxx, and revenue center codes 0330 and 0333. The proportion of patients receiving endoscopic treatment within the first 6 months of diagnosis who subsequently underwent esophagectomy was assessed.

Statistical analysis

The Pearson chi-square test or the Fisher exact test was used to compare categoric variables among treatment groups. Continuous variables were compared by using parametric or nonparametric tests as appropriate. Survival was measured from cancer diagnosis to death or last follow-up through December 31, 2013. Kaplan-Meier curves were generated to compare survival between treatment groups; the log-rank test was used to compare survival curves. Cox proportional hazards models were used to evaluate treatment approach and other covariates and their association with survival time. Because of the known association between histology and long-term survival, our primary analysis was a Cox model stratified by histology. We included all tracked covariates in multivariable models because they were believed to be clinically meaningful. Potential proportional hazards assumption violations were assessed by testing for the interaction of covariates with time and through visual inspection of Kaplan-Meier curves and log (-log[survival]) versus survival time plots. For 2-year survival analysis, patient survival times were censored at 2 years. To assess effects of perioperative mortality or timing of diagnosis on long-term survival, multivariable Cox models stratified by histology censoring patients dying within 60 days of the procedure or limiting the cohort to patients diagnosed from 2002 to 2009 were developed. Data were analyzed by using SAS software version 9.3 (Cary, NC).

As a secondary analysis, a propensity score model was used to adjust for potential selection bias because of nonrandom treatment allocation. Propensity scores, the

predicted probability of receiving endoscopic treatment,[16] were generated through nonparsimonious logistic regression models incorporating all observed covariates evaluated in the multivariable Cox proportional hazards models. Endoscopic treatment and esophagectomy patients were matched 1:1 by propensity scores by using a previously described matching algorithm.[17]

RESULTS

From SEER-Medicare data, we identified 38,519 patients with esophageal cancer, including 2193 patients with early-stage esophageal cancer (Tis, T1a) who met our inclusion and exclusion criteria. Figure 1 displays stepwise cohort identification. Among 2193 patients, 41% (n = 893) primarily underwent esophagectomy, and 12% (n = 255) underwent endoscopic treatment within 6 months of diagnosis. Of the remaining 1045 patients who did not receive either treatment, 58% (n = 610) received radiation therapy as a first course of treatment. The mean follow-up time was 3.5 years (standard deviation [SD] 3.6 years) and was longer among patients undergoing esophagectomy (5.0 years, SD 4.1 years) or endoscopic treatment (4.3 years, SD 2.4 years).

Baseline demographic characteristics by treatment approach are presented in Table 1. Patients who did not receive esophagectomy or endoscopic treatment were more likely to be non-white ethnicity and more likely to receive radiation than patients who were treated with esophagectomy or endoscopic treatment. Among patients receiving endoscopic or surgical treatment, there were no significant differences with respect to sex, ethnic makeup, histology, SEER registry, county-level physician density, or county-level education and income. However, endoscopically treated patients were older than those undergoing esophagectomy and were more likely to have Tis tumors and Charlson scores ≥2. Within the esophagectomy and endoscopic treatment groups, among those receiving radiation (19% and 14%, respectively), the vast majority (>94%) had T1a tumors. Over the study period, the rate of endoscopic treatment increased over time, with 91% of endoscopic cases occurring in 2002 or later. Use of EUS varied among treatment groups; only 17% (n = 182) of patients not receiving esophagectomy or endoscopic treatment underwent EUS, compared with 41% (n = 367) of esophagectomy patients and 59% (n = 151) of endoscopically treated patients.

Short-term outcomes and treated recurrence

A composite endpoint of hospitalization and/or adverse events at 60 days after the procedure was significantly higher in the esophagectomy group (30%, n = 265) than in the endoscopic treatment group (12%, n = 30; $P < .001$). The rate of dilation was higher in the esophagectomy group (25%, n = 220) than in the endoscopic treatment group (15%, n = 39; $P < .01$). The rate of death at 60 days was significantly higher in the esophagectomy group (4%) than in the endoscopic treatment group (numbers suppressed because of counts <11). There was no difference in the rate of treated recurrence between the esophagectomy group (16%, n = 139) and the endoscopic treatment group (13%, n = 32; $P = .23$). Among patients treated endoscopically, 15 subsequently underwent esophagectomy >6 months after cancer diagnosis.

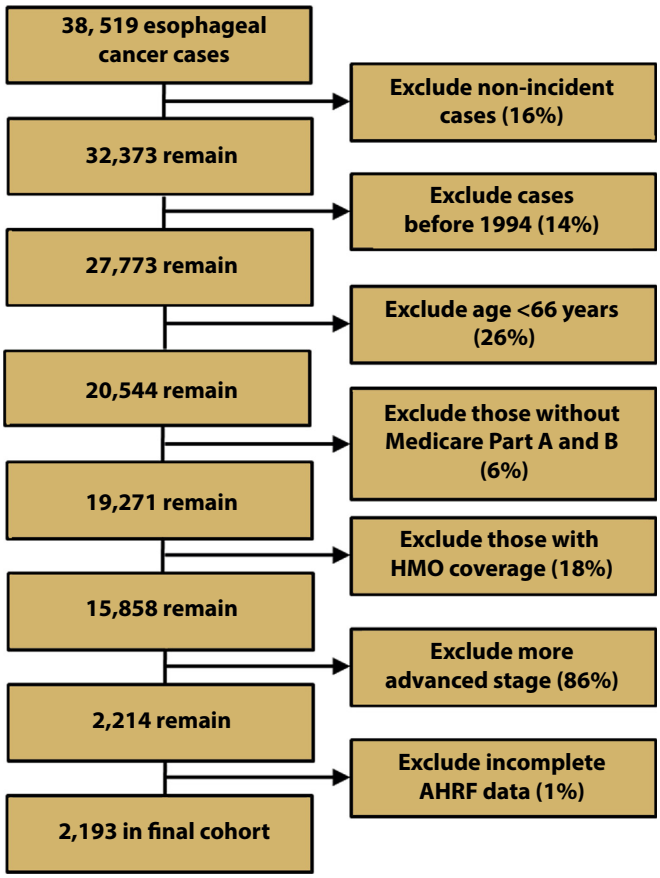


Figure 1. Stepwise patient selection flowsheet. Percentage in parentheses indicates the proportion of patients excluded at each step. *HMO,* Health Maintenance Organization; *AHRF,* Area Health Resources Files.

Overall long-term survival

Kaplan-Meier curves showing overall survival by treatment approach up to 2 years after diagnosis are shown in Figure 2. There were significant differences in unadjusted 2-year survival by treatment approach ($P < .001$ by log-rank test). Two-year unadjusted survival was 71% in the esophagectomy group and 84% in the endoscopic treatment group among adenocarcinoma patients, compared with 60% and 76%, respectively, among squamous cell carcinoma patients. The results of the Cox model stratifying by histology adjusted for other factors are presented in Table 2. Endoscopic treatment was associated with decreased mortality (HR 0.51; 95% CI, 0.36-0.73). Increasing age and receipt of radiation were independent

TABLE 1. Demographic characteristics in cohort by treatment approach

	Treatment approach				
	No surgery or ET (n = 1045)	Surgery (n = 893)	ET (n = 255)	*P* value (surgery vs ET)	*P* value (all 3 groups)
Age, mean (± SD), y	78.6 (6.9)	74.3 (5.4)	77.5 (6.4)	< .0001	< .0001
Female, no (%)	367 (35.1)	202 (22.6)	58 (22.8)	.97	< .0001
Race					
White	856 (81.9)	822 (92.1)	238 (93.3)	.50	< .0001
Black/other	189 (18.1)	71 (8.0)	17 (6.7)		
Histologic subtype					
Adenocarcinoma	502 (48.0)	632 (70.8)	177 (69.4)	.67	< .0001
Squamous cell carcinoma	543 (52.0)	261 (29.2)	78 (30.6)		
T stage*					
Tis	136 (13.0)	88 (9.9)	60 (23.5)	< .0001	< .0001
T1a	909 (87.0)	805 (90.2)	195 (76.5)		
Charlson score†					
0	249 (23.8)	238 (26.7)	47 (18.4)	.006	.002
1	687 (65.7)	599 (67.1)	182 (71.4)		
≥2	109 (10.4)	56 (6.3)	26 (10.2)		
Radiation, no (%)	610 (58.4)	165 (18.5)	35 (13.7)	.08	< .0001
Gastroenterologist density (per 1000 residents)					
Q1: 0-< .026	239 (22.9)	221 (24.8)	61 (23.9)	.87	.76
Q2: .026-< .042	278 (26.6)	227 (25.4)	63 (24.7)		
Q3: .042-< .066	260 (24.9)	240 (26.9)	66 (25.9)		
Q4: .066-.183	268 (25.7)	205 (23.0)	65 (25.5)		
Primary care provider density (per 1000 residents)					
Q1: 0-< .183	261 (25.0)	225 (25.2)	62 (23.3)	.89	.99
Q2: .183-< .263	220 (21.1)	197 (22.1)	54 (21.2)		
Q3: .263-< .352	309 (29.6)	261 (29.2)	73 (28.6)		
Q4: .356-.851	255 (24.4)	210 (23.5)	66 (25.9)		
Education‡, no (%)					
Q1: 0-<13.6	211 (20.2)	176 (19.7)	47 (18.4)	.19	.17
Q2: 13.6-<18.5	265 (25.4)	213 (23.9)	69 (27.1)		
Q3: 18.5-<23.2	304 (29.1)	307 (34.4)	72 (28.2)		
Q4: 23.2-45.7	265 (25.4)	197 (22.1)	67 (26.3)		
Income§, no (%)					
Q1: $0-<$46,452	272 (26.0)	197 (22.1)	55 (21.6)	.63	.27
Q2: $46,452-<$53,438	263 (25.2)	241 (27.0)	66 (25.9)		
Q3: $53,438-<$64,611	238 (22.8)	231 (25.9)	60 (23.5)		
Q4: ≥$64,611	272 (26.0)	224 (25.1)	74 (29.0)		
SEER registry region, no (%)					
Northeast	237 (22.7)	203 (22.7)	71 (27.8)	.34	.22
Midwest	132 (12.6)	137 (15.3)	33 (12.9)		
South	227 (21.7)	170 (19.0)	44 (17.3)		
West	449 (43.0)	383 (42.9)	107 (42.0)		

Data are presented as frequency (%) unless otherwise specified.
ET, Endoscopic treatment; *SD,* standard deviation; *Q,* quartile; *SEER,* Surveillance, Epidemiology, and End Results.
*Tumor stage.
†Charlson Score[9]:
‡Mean % residents in county with college education.
§Mean county-level median income.

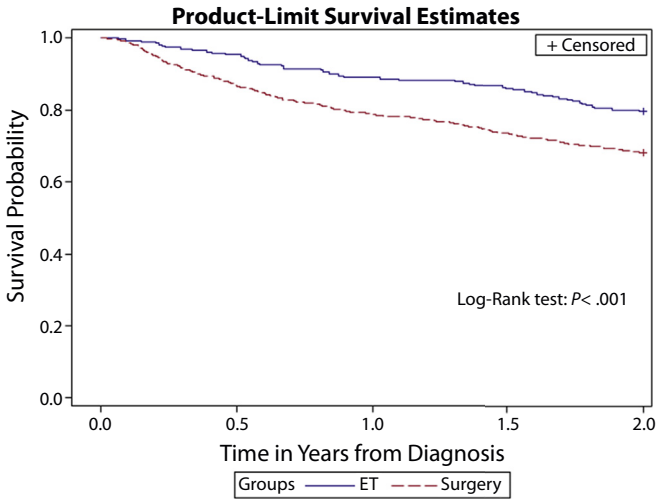


Figure 2. Kaplan-Meier overall survival curves for patients undergoing endoscopic treatment versus surgical resection for early esophageal cancer. *ET,* endoscopic treatment.

predictors of mortality. Cases diagnosed from 2002 to 2009 and Tis lesions were associated with a decreased risk of death.

We conducted several sensitivity analyses to assess the robustness of our results. A Cox model censoring patients dying within 60 days of the procedure developed to evaluate the impact of perioperative mortality on long-term survival demonstrated that endoscopic treatment was associated with decreased mortality through 2 years after adjusting for other factors (HR 0.61; 95% CI, 0.45-0.85). Among patients matched 1:1 by treatment approach based on propensity scores, endoscopic treatment remained associated with decreased mortality (HR 0.59; 95% CI, 0.41-0.86). Among patients diagnosed between 2002 and 2009 (a time period accounting for most endoscopically treated cases), endoscopic treatment was associated with decreased mortality (HR 0.51; 95% CI, 0.36-0.74) after adjusting for other factors.

DISCUSSION

The current study compared short-term and long-term outcomes in elderly patients undergoing treatment for early esophageal cancer. We demonstrated favorable short-term and long-term outcomes in patients undergoing endoscopic treatment compared with surgical resection. Previous studies evaluating the morbidity and mortality associated with esophageal cancer resection among elderly patients used varying age cutpoints between 65 and 75.[18-21] Some data have demonstrated increased risk of cardiopulmonary adverse events in older patients after esophagectomy, but no difference in operative or long-term mortality compared with younger patients.[18,19] In contrast, 1 study reported an 11% 30-day mortality rate after esophagectomy in a Medicare population compared with 4% to 7% in younger cohorts.[21] A study of patients aged ≥70 undergoing esophagectomy for esophageal cancer (predominantly adenocarcinoma) reported a 5-year survival rate of 24%.[18] A recent, single-center study found no increase in adverse events in patients aged ≥75 undergoing endoscopic mucosal resection for Barrett's esophagus lesions compared with younger patients.[22]

In our study, only 52% of 2193 patients with early disease underwent esophagectomy or endoscopic treatment within the first 6 months. The proportion of non-white patients was higher among patients not receiving esophagectomy or endoscopic treatment (Table 1). This finding may reflect the lower proportion of adenocarcinomas (which typically affect white patients) among this group, although previous studies have demonstrated underuse of surgery among potentially resectable patients with esophageal cancer, particularly in non-white patients.[23,24]

In the current study, among patients not receiving esophagectomy or endoscopic treatment, 58% (n = 610) received radiation therapy as a first course of treatment. However, radiation therapy is not part of the treatment algorithm in the National Comprehensive Cancer Network guidelines for node-negative cancers with Tis or T1a disease.[25] Presumably these patients were not deemed surgical candidates, were not offered endoscopic treatment, or declined surgery. Patients in this group were more likely to have Charlson scores ≥2 (10%, n = 109) than those in the endoscopic treatment and surgery groups. Among patients receiving endoscopic or surgical treatment, radiation therapy was independently associated with increased mortality. This finding is consistent with previous analyses not focused on the elderly comparing endoscopic and surgical treatment for early esophageal cancers.[26-28]

The unadjusted 2-year survival among adenocarcinoma patients in the current study was 71% in the esophagectomy group and 84% in the endoscopic treatment group. Direct comparison with other studies is challenging because of differences in setting, patient selection, and outcome measurement. Our results compare favorably with previous SEER-Medicare analyses reporting 53% to 57% 1-year survival after esophagectomy for locoregional cancer; however, one of those studies measured survival from the date of surgery rather than date of cancer diagnosis.[4,29] On the other hand, 5-year survival after esophagectomy for stage I esophageal adenocarcinoma has been reported to be as high as 81% to 95% in tertiary-care center case series.[30-32]

As in other studies,[26-28,33] we found that increasing age was an independent predictor of mortality. Although Steyerberg et al[33] found that increasing comorbidity was associated with increased risk of death, Charlson scores ≥2 were not an independent predictor of mortality in our stratified Cox model through 2 years. In our study, endoscopic treatment was associated with better survival

TABLE 2. Cox model stratified by histology identifying predictors of overall mortality (2-year survival)

	Univariable		Multivariable	
Variable	**HR (95% CI)**	***P* value**	**HR (95% CI)**	***P* value**
ET vs surgery	0.57 (0.43-0.77)	.0002	0.51 (0.36-0.73)	.0002
Age at diagnosis	1.04 (1.02-1.06)	< .0001	1.07 (1.04-1.09)	< .0001
Female vs male	0.80 (0.61-1.04)	.10	0.75 (0.55-1.03)	.07
Black/other race vs white	1.18 (0.81-1.71)	0.40	1.10 (0.71-1.71)	.67
Tis vs T1a*	0.55 (0.38-0.81)	.002	0.65 (0.44-0.98)	.04
Charlson score				
0	Reference		Reference	
1	1.08 (0.84-1.40)	.55	1.10 (0.81-1.49)	.54
≥2	1.52 (1.01-2.29)	< .05	1.54 (0.93-2.53)	.09
Receipt of radiation	1.74 (1.36-2.21)	< .0001	1.52 (1.14-2.03)	.004
SEER registry region				
Northeast	Reference		Reference	
Midwest	1.12 (0.78-1.62)	.54	1.20 (0.68-2.10)	.53
South	1.56 (1.13-2.15)	.007	1.59 (0.97-2.60)	.07
West	1.15 (0.87-1.54)	.33	1.40 (0.85-2.31)	.19
Education†				
Q1: 0-<13.6	1.70 (1.21-2.40)	.002	0.91 (0.49-1.71)	.77
Q2: 13.6-<18.5	1.41 (1.01-1.97)	< .05	1.19 (0.71-1.99)	.52
Q3: 18.5-<23.2	1.60 (1.17-2.18)	.003	1.42 (0.93-2.16)	.10
Q4: 23.2-45.7	Reference		Reference	
Income‡				
Q1: $0-<$46,452	1.76 (1.29-2.42)	.0004	2.01 (1.09-3.72)	.03
Q2: $46,452-<$53,438	1.47 (1.08-2.01)	.02	1.07 (0.63-1.80)	.81
Q3: $53,438-<$63,611	1.26 (0.91-1.74)	.16	0.99 (0.61-1.62)	.97
Q4: ≥$64,611	Reference		Reference	
Gastroenterologist density (per 1000 residents)				
Q1: 0-< .026	1.23 (0.91-1.67)	.18	0.94 (0.58-1.55)	.82
Q2: 0.026-< .042	0.95 (0.69-1.30)	.73	0.91 (0.57-1.44)	.68
Q3: 0.042-< .066	1.17 (0.87-1.58)	.30	1.11 (0.74-1.66)	.61
Q4: 0.066- .183	Reference		Reference	
Primary care provider density (per 1000 residents)				
Q1: 0 -< .183	1.11 (0.81-1.50)	.52	0.95 (0.47-1.94)	.89
Q2: 0.183-< .263	1.16 (0.85-1.58)	.36	1.29 (0.71-2.33)	.41
Q3: 0.263-< .352	1.03 (0.76-1.39)	.86	1.63 (1.01-2.63)	.04
Q4: 0.352-0.851	Reference		Reference	
Diagnosis 2002-2009 vs 1994-2001	0.63 (0.50-0.78)	< .0001	0.62 (0.47-0.81)	< .001

HR, Hazard ratio; *CI,* confidence interval; *ET,* endoscopic treatment; *SEER,* Surveillance, Epidemiology, and End Results; *Q,* quartile.
*T stage: Tumor stage.
†Mean % residents in zip code with college education.
‡Mean zip code median income.

through 2 years. This finding could reflect better tolerability of this less-invasive procedure or the lower proportion of T1a lesions. Perioperative mortality does not explain improved long-term survival in the endoscopic treatment group because survival analysis censoring patients who died perioperatively still demonstrated decreased mortality with endoscopic treatment. Beyond the first 2 years after cancer diagnosis, endoscopically treated patients may have been more likely to die from non-cancer–related causes, especially considering they

were more likely to have Charlson scores ≥2. Our selection of 2-year survival as an outcome encompassed a time period after diagnosis during which many recurrences would probably have been captured.[34]

The overall rate of EUS was 32%, or 700 of 2193 patients in our cohort. EUS was performed more frequently in patients receiving esophagectomy (41%) and endoscopic treatment (59%). In previous SEER-Medicare studies, which also included patients with more advanced stages, only 16% to 21% of patients undergoing esophagectomy and 12% to 22% of patients with in situ or localized disease underwent EUS.[13,35] However, the rate of EUS among patients with early disease undergoing esophagectomy was not reported. Although accuracy of EUS in early esophageal cancers has been debated, with some proposing that endoscopic resection should be used as a primary staging modality,[36] a more recent meta-analysis demonstrated that EUS had 85% sensitivity and 87% specificity for staging T1a tumors compared with final staging by endoscopic mucosal resection or surgical resection.[6]

We found that short-term outcomes including dilation, a composite endpoint of hospitalizations and/or adverse events at 60 days, and the number of perioperative deaths, were significantly higher in the esophagectomy group. We examined short-term mortality at 60 days because 30-day mortality may not provide a complete assessment after esophagectomy.[37] We assessed dilation within 6 months of treatment because these procedures would likely reflect treatment of dysphagia secondary to anastomotic or post-endoscopic resection strictures rather than palliation of recurrent malignant disease. Hospitalizations, adverse events, and dilation potentially impact health-related quality of life; indeed, major postoperative adverse events have been shown to have a long-term impact on health-related quality of life after esophagectomy.[38] Our results suggest that, over the short term, esophagectomy for early esophageal cancer in elderly patients is associated with greater morbidity and potentially greater mortality.

Our study is unique in several respects. Although other studies have compared long-term outcomes after endoscopic treatment versus surgery, they have not focused on elderly patients, in whom surgical risks are potentially greater. Our study is unusual in its evaluation of short-term outcomes at a population level. We also assessed use of EUS and dilation in this population. Because SEER captures approximately one fourth of the U.S. population, our results may be generalized to the elderly.

Despite its strengths, the study had several limitations. Claims data lack detailed clinical information and do not capture patient preferences or patient characteristics such as frailty, which may impact decision-making regarding treatment approach. Most likely, not all endoscopically treated cases were identified because EMR lacks unique ICD-9-CM procedure codes or CPT codes. Due in part to NCI's data confidentiality policy, we were unable to adjust for esophagectomy volume, which may have impacted mortality. Adverse events could well have been undercoded—we focused on temporally correlated adverse events requiring intervention, because these may be more likely to occur in administrative data.[14] Nonetheless, because codes used to identify adverse events were not specific to endoscopy or esophagectomy, without access to medical records we cannot definitively ascribe these codes to treatment approach. Finally, our ability to detect differences in outcomes between treatment groups was limited by the relatively small number of patients receiving endoscopic treatment within each histology type.

In summary, in this elderly population, esophagectomy for early esophageal cancer was associated with worse short-term and long-term outcomes. Based on our results, endoscopic treatment may be a preferred approach for early esophageal cancers in the elderly. Future studies could compare health-related quality of life in older patients undergoing endoscopic versus surgical treatment for early esophageal cancers or evaluate costs associated with these treatment strategies.

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Abbreviations: AHRF, Area Health Resources Files; CPT, Current Procedural Terminology; ICD-9-CM, International Classification of Diseases, 9th Revision-Clinical Modification; NCI, National Cancer Institute; SEER, Surveillance, Epidemiology, and End Results.

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SUPPLEMENTAL TABLE 1. Procedure codes for identification of treatment approach in SEER-Medicare data

Data source	Variable or code	Treatment approach	
		Surgery	Endoscopic treatment
SEER (within 4 mo of cancer diagnosis)	SEER variable for surgery of primary site (sxprif1)	30, 40, 50-55, 80	10-14, 20-27
Medicare (within 6 mo of cancer diagnosis)	Inpatient ICD-9-CM procedure codes	42.40-42.42, 42.50-42.59, 42.60-42.69, 43.5, 43.99	42.33
	CPT codes*	43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43119, 43121, 43122, 43123, 43124	43217, 43216, 43228, 43250, 43251, 43257, 43258, 96570, 96571

SEER, Surveillance, Epidemiology, and End Results; *CPT,* Current Procedural Terminology.
*CPT: Current Procedural Terminology 2010, Standard Edition. Chicago, IL: American Medical Association.

Tab Number: 6

Issue: Esophagectomy

Code(s): 432X5-432X7

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Charles Mabry, MD, FACS
Specialty Society:	American College of Surgeons
Date:	August 19, 2016

Tab Number: 6

Issue: Esophagectomy

Code(s): 432X5-432X7

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Signature:	
Print Name:	Donald Selzer, MD, FACS
Specialty Society:	Society of American Gastrointestinal and Endoscopic Surgeons
Date:	August 19, 2016

Tab Number: 6

Issue: Esophagectomy

Code(s): 432X5-432X7

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Signature:	
Print Name:	James Levett, MD
Specialty Society:	Society of Thoracic Surgeons
Date:	August 19, 2016

Tab Number: 6

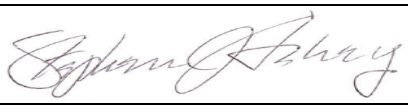
Issue: Esophagectomy

Code(s): 432X5-432X7

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Signature:	Stephen J. Lahey, MD
Print Name:	
Specialty Society:	American Association for Thoracic Surgery
Date:	August 19, 2016

CPT Code: 43107, 43112, 43117, 43286, 43287, 43288
Specialty Society(ies): STS, ACS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)

Global Period 090 Meeting Date 10/2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Expert Panel

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: The current codes 43107, 43112, 43117 are used as reference for the same current codes and for the new multi-approach codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: These complex esophageal resection and reconstruction procedures require additional clinical staff time to assist the surgeon with multidisciplinary coordination. This was discussed during the initial practice expense review for not only the open procedures (43107, 43112, 43117), but other multidisciplinary complex procedures, and the PE Subcommittee agreed that 15 minutes accounted for the additional clinical staff time for this activity. The clinical staff time for the new multi-approach codes will require that same additional multidisciplinary coordination, and therefore we recommend that the additional 15 minutes be applied to the three new codes.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Discharge management coding has changed from 99238 to 99239. The standard minutes for 99239 have been applied to the current codes and the new codes.

Additional incision care pack for suture removal has been added. Patients will go home with drains sutured in place, requiring removal at an office visit. This will typically be performed on a different date/ different office visit than staple removal.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

A majority of the clinical staff time is related to phone calls that are made to coordinate with the facility, the patient, the family, other physician and surgeon offices (GI, rad-onc, assistant surgeon, PCP), as necessary to prepare for the procedure. For example, coordinating changes in polypharmacy with the PCP and other consultants such as GI prior to the procedure. Clinical staff will make several calls to complete pre-service diagnostic and referral forms and schedule space and equipment for the procedure. Neoadjuvant radiation may impose certain time restrictions/windows for when a procedure can be performed and scheduling changes may need to be reconciled. Additional tests, including labs and imaging, may be required as the patient recovers from chemo-rad therapy to verify status for surgery. Clinical staff will provide and review educational materials and information including instructions on diet and changes to medications prior to the procedure and what to expect after discharge from the hospital. Follow-up calls to the patient are needed prior to the procedure to confirm pre-procedure instructions are being carried out.

Intra-Service Clinical Labor Activities:

These patients will typically go home with feeding tubes and drains requiring the clinical staff to coordinate with home health and nutritional professionals as well as the family/caregiver to ensure that the patient has the correct feeding and nutritional support prior to discharge.

Post-Service Clinical Labor Activities:

Assist physician at postoperative E/M visits.

	A	B	C	D	E	F	G	H	I	J	K	L
1				REF	REC	REC	REF	REC	REC	REF	REC	REC
2	**REVISED 10-6-2016**			43107	43107	43286	43112	43112	43288	43117	43117	43287
3	**Meeting Date: 10/2016** **Tab: 6** **Specialty: STS, ACS, SAGES**	**CMS Code**	**Staff Type**	Total or near total esophagectomy, without thoracotomy;	Total or near total esophagectomy, without thoracotomy;	Esophagectomy, total or near total, with laparoscopic	Total or near total esophagectomy, with thoracotomy;	Total or near total esophagectomy, with thoracotomy;	Esophagectomy, total or near total, with thoracoscopi	Partial esophagectomy, distal two-thirds, with thoracotomy	Partial esophagectomy, distal two-thirds, with thoracotomy	Esophagectomy, distal two-thirds, with laparoscopic mobilization
4	**LOCATION**			**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**239**	**242**	**242**	**220**	**242**	**242**	**186**	**242**	**242**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**75**	**75**	**75**	**75**	**75**	**75**	**75**	**75**	**75**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**12**	**15**	**15**	**12**	**15**	**15**	**12**	**15**	**15**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**152**	**152**	**152**	**133**	**152**	**152**	**99**	**152**	**152**
10	**PRE-SERVICE**											
11	**Start: Following visit when decision for surgery or procedure made**											
12	Complete pre-service diagnostic & referral forms	**L051A**	**RN**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	**L051A**	**RN**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
14	Schedule space and equipment in facility	**L051A**	**RN**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**
15	Provide pre-service education/obtain consent	**L051A**	**RN**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
16	Follow-up phone calls & prescriptions	**L051A**	**RN**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
17	Other Clinical Activity - *specify: Additional coordination between multiple specialties for complex procedures (eg, tests, meds, scheduling)*	**L051A**	**RN**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**
18	**End: When patient enters office/facility for surgery/procedure**											
19	**SERVICE PERIOD**											
20	**Start: When patient enters office/facility for surgery/procedure:**											
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L051A**	**RN**	**12**			**12**			**12**		
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)	**L051A**	**RN**		**15**	**15**		**15**	**15**		**15**	**15**
43	**End: Patient leaves office**											
44	**POST-SERVICE Period**											
45	**Start: Patient leaves office/facility**											
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				**?**					
49	99212 27 minutes		27	**1**	**1**	**1**	**?**	**1**	**1**	**1**	**1**	**1**
50	99213 36 minutes		36	**2**	**2**	**2**	**?**	**2**	**2**	**2**	**2**	**2**
51	99214 53 minutes		53	**1**	**1**	**1**	**?**	**1**	**1**		**1**	**1**
52	99215 63 minutes		63				**?**					
53	**Total Office Visit Time**	**L051A**	**RN**	**152**	**152**	**152**	**133**	**152**	**152**	**99**	**152**	**152**
54	Other Clinical Activity - *specify:*											
55	**End: with last office visit before end of global period**											
56	**MEDICAL SUPPLIES***	**CODE**	**UNIT**									
57	pack, minimum multi-specialty visit	SA048	pack	**4**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
58	pack, post-op incision care (staple)	SA052	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
59	pack, post-op incision care (suture)	SA054	pack		**1**	**1**		**1**	**1**		**1**	**1**
60	**EQUIPMENT**	**CODE**										
61	table, power	EF031		**152**	**152**	**152**	**133**	**152**	**152**	**99**	**152**	**152**
62	light, exam	EQ168		**152**	**125**	**125**	**133**	**125**	**125**	**99**	**125**	**125**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2016

Laparoscopic Total Hysterectomy

The CPT Editorial Panel created a new code to describe the laparoscopic total hysterectomy for resection of malignancy at their May 2016 meeting.

58575 Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed
The RUC reviewed the survey data from 44 gynecology and oncology physician providers and determined that the survey 25th percentile work RVU of 32.60 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: pre-service time of 73 minutes, intra-service time of 240 minutes, and immediate post-service time of 33 minutes with three post-operative visits (2 – 99213 and 1- 99214). To validate a work RVU of 32.60, the RUC compared the survey code to top key reference code 58548 *Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed* (work RVU =31.63, intra-service time of 240 minutes) and noted that the reference code has the same intra-service time, and the survey respondents indicated that the survey code is somewhat to much more intense to perform, further justifying this valuation.

The RUC noted that this is an intense procedure with a complex patient. This patient has had advanced stage ovarian cancer and abdominal carcinomatosis now treated with neoadjuvant chemotherapy. Patients with advanced cancer, especially those who have received chemotherapy preoperatively, are more likely to be malnourished, anemic, immunocompromised and susceptible to infection, and at higher risk of venous thromboembolism. In addition, the procedure is challenging given the course of the transverse colon from the hepatic flexure to the splenic flexure. Attachments to the colon need to be taken down carefully to ensure there is no traumatic or thermal injury to the bowel. The RUC agreed with the specialty that this procedure is intense and has an appropriate IWPUT of 0.102. **The RUC recommends a work RVU of 32.60 for CPT code 58575.**

Practice Expense:
The Practice Expense Subcommittee reviewed the recommended equipment for this procedure and agreed that it was not typical to have EQ170 *light, fiberoptic headlight w-source*. The Subcommittee agreed to add the standard exam light (EQ168). In addition, two pelvic exam pack supply items SA051 were added. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Female Genital System **Corpus Uteri** **Laparoscopy/Hysterectomy**				
58572	*Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;*			
58573	*with removal of tube(s) and/or ovary(s)*			
	(Do not report 58570-58573 in conjunction with 49320, 57000, 57180, 57410, 58140-58146, 58150, 58545,58546, 58561, 58661, 58670, 58671)			
●58575	K1	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed (Do not report 58575 in conjunction with 49255, 49320, 49321, 58570, 58571, 58572, 58573, 58661)	090	32.60
58578	*Unlisted laparoscopy procedure, uterus*			

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:58575 Tracking Number K1 Original Specialty Recommended RVU: **34.00**
Presented Recommended RVU: **32.60**
Global Period: 090 RUC Recommended RVU: **32.60**

CPT Descriptor: Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old female presented with advanced stage ovarian cancer with a large malignant pleural effusion. She was given neoadjuvant chemotherapy. Reassessment after chemotherapy demonstrates a good partial response with imaging tests that show an enlarged right ovarian mass, peritoneal thickening with an omental tumor, and a 3 cm mesenteric nodule. The patient is a good surgical candidate and has been offered a minimally invasive option for interval tumor debulking with a total laparoscopic hysterectomy and bilateral salpingo-oophorectomy and laparoscopic omentectomy, with resection of peritoneal, mesenteric and diaphragmatic implants, if present.

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 98% , In the ASC 0%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 37% , Overnight stay-more than 24 hours 63%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 49%

Description of Pre-Service Work: The history and physical exam are reviewed and updated. Medicine reconciliation is performed. Labs, imaging studies, and biopsies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks and patient's known allergies. The method and timing of DVT prophylaxis is considered and implementation is assured. The procedure is verified with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The appropriate images are displayed in the operating room. Following induction of anesthesia a second IV is inserted. The patient is placed safely in dorsal lithotomy position. The arms are wrapped in foam and safely tucked alongside the body and all joints are inspected to prevent nerve compression. A tilt test is performed to verify the patient will tolerate maximum trendelenberg from a cardiopulmonary status and physical positioning. There is verification that the IVs, arterial-line, pulse oximetry and blood pressure monitoring are functioning with the arms tucked. The patient is placed back into a horizontal position. An oral-gastric tube is placed to decompress the stomach. The face and eyes are protected with pads or shields. The extent of surgical prep is delineated. Physician scrubs. The surgical timeout is performed. The patient is draped.

Description of Intra-Service Work: A bimanual and rectovaginal exam is performed under anesthesia to assess uterine size, mobility and nodularity in the cul de sac. A foley catheter is inserted into the bladder. A speculum in placed in the vagina and a tenaculum placed on the cervix. The uterus is sounded and the cervix dilated. An appropriate sized uterine manipulator is chosen, placed into the uterus and sutured in place. A diagnostic laparoscopy is performed, 5-6 laparoscopic ports are placed in the abdomen ranging in size from 5-12mm. Adhesions from the ovarian cancer are systematically lysed to provide visualization of abdominal and pelvic structures. The patient is assessed for intra-abdominal metastases, diaphragmatic metastases and retroperitoneal adenopathy. Biopsies of suspicious lesions are obtained. The bowels and bowel mesentery are systematically evaluated for the presence of metastatic disease. Peritoneal cytology is obtained. The Patient is placed into steep trendelenberg and the bowel is mobilized and dissected out of the pelvis. The retroperitoneum is

opened to identify the ureters, paravesical and pararectal spaces. The ureters are freed from pelvic and peritoneal metastasis. A total laparoscopic hysterectomy with bilateral salpingo-oophorectomy is performed. The uterus and ovaries are removed through the vagina. Extra-ovarian tumor masses are resected in the pelvis, the abdomen, from the bowel mesentery and diaphragm. Patient positioning is changed to resect disease in the upper abdomen. An omentectomy is performed by dissecting it free from the transverse colon and stomach. Specimens are removed through the vagina and the then vaginal closure is performed. After completing the resection of disease hemostasis is confirmed and the pelvis and abdomen are inspected for any injuries. All instruments and ports are removed and the port sites are closed

Description of Post-Service Work: The oral-gastric tube is removed. The prep is washed off the skin. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery and postoperative medications are ordered and initiated. Patient condition, findings and anticipated outcome are related to family members. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created and reviewed. Labeled images from procedure are transferred to the medical record. The patient is assessed again later in the day to evaluate for any post-procedural complications and the findings at surgery are discussed with the patient. The patient is assessed again the following day, laboratory studies are obtained and reviewed. The patient is evaluated for pain, bowel function, urinary retention, fever, infection and hemodynamic stability. Findings at surgery are discussed with the patient. The patient is seen post op day 2 and assessed for appropriateness of discharge. Plans for discharge are made. Prescriptions for pain medications, DVT prophylaxis, resuming home medications and home therapy are processed. Restrictions of activities and precautions are outlined. Post-procedure follow-up is scheduled.

First Visit: Level 4 Office Visit (99214)
The patient is first seen 2-3 days post-discharge. A detailed history is performed to assess for pain, cardio-pulmonary status, return of bowel function, ileus, nausea and vomiting, lymphedema lower extremities, vaginal bleeding or discharge, bladder function and urinary retention, signs of infection or seroma, retroperitoneal bleeding, assessment for DVTs and nerve damage. Medications are reviewed. A detailed exam including general assessment, vitals, neurologic status, skin for infections, MSK for DVTs, cardio pulmonary exam, exam of perineum, GI exam for bowel function or hernias, lymphatic exam for lymphedema, vaginal bleeding. Laboratory studies are ordered, reviewed and prescriptions are filled as needed

Second Visit: Level 4 Office Visit (99214)
The patient is seen again at 10-14 days post op. A detailed history is taken to review pain, bowel and bladder function, vaginal bleeding or discharge, any signs of infection (incision, pelvic abscess or cuff cellulitis), DVTs, lymphedema, or post-operative complications. Medications are reviewed. Chronic medical conditions are assessed post operatively. A detailed exam is performed including general appearance, vital signs, cardiopulmonary exam, GI exam for bowel function and hernias, skin to assess for infection, lymphatic exam to assess for edema of groins, lower abdomen and external genitalia. An assessment for hematoma formation, seroma and formation is performed. A speculum exam is performed to assess for vaginal cuff healing or cellulitis. Prescriptions are filled as needed. Pathology is reviewed and timing for resuming therapy is addressed.

Third Visit: Level 4 Office Visit (99214)
The patient is next seen 3-6 weeks from the surgery. A detailed history is taken to evaluate for any residual bowel, bladder, gynecologic, pain or incisional issues. Chronic medical conditions are assessed post operatively. Review of medications and fitness for chemotherapy are assessed. A detailed exam to evaluate for any complications from surgery including vitals, a neurologic exam, assessment for incisional infections, hernias or tumor nodules in the port sites. GI and GU exam is performed and a speculum exam for assessment of vaginal cuff healing. Extremities are assessed for swelling. Laboratory studies are ordered and prescriptions are filled as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	George A. Hill, MD, Jon Hathaway, MD, Mitch Schuster, MD, Barbara Goff, MD and Mark Shahin, MD		
Specialty(s):	Gynecology/Oncology		
CPT Code:	58575		
Sample Size:	827	**Resp N:** 44	**Response:** 5.3 %
Description of Sample:	All US/MD practicing members of the Society of Gynecologic Oncology		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	60.00
Survey RVW:	6.00	32.60	**34.00**	40.50	80.96
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	90.00	180.00	**240.00**	285.00	360.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**120.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **3.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	58575	**Recommended Physician Work RVU: 32.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**13.00**	**3.00**	**10.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**240.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58240	090	49.33	**RUC Time**

CPT Descriptor Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	21.36	**RUC Time**	14,999

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 61.3 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 15.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 58575	Top Key Reference CPT Code: 58548	2nd Key Reference CPT Code: **58240**
Median Pre-Service Time	73.00	75.00	120.00
Median Intra-Service Time	240.00	240.00	420.00
Median Immediate Post-service Time	33.00	45.00	75.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	40.0	118.00	355.00
Median Discharge Day Management Time	38.0	0.00	0.00
Median Office Visit Time	86.0	86.00	148.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**510.00**	**564.00**	**1,118.0**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.11	0.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.93	0.57
Urgency of medical decision making	0.89	0.86
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.37	1.14

Physical effort required	1.26	1.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.93	0.71
Outcome depends on the skill and judgment of physician	1.19	1.00
Estimated risk of malpractice suit with poor outcome	0.59	0.86

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.15	1.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel recently created a new code (58575) for reporting total hysterectomy, with resection of malignancy, performed laparoscopically.

Survey Data

ACOG received 44 completed RUC physician work surveys. The ACOG RUC workgroup reviewed the survey data and believes 34.00 work RVUs appropriately ranks this new procedure with services in OB/GYN and MPCs.

	CPT	IWPUT	wRVU	Total Time	Pre Time	Intra Time	Post Time	99232	99231	99238	99239	99214	99213	99212
Other	52400	0.126	8.69	197.5	97.5	40	25			0.5				1
Other	38760	0.122	13.62	241	60	70	30			0.5			2	1
Other	58260	0.104	14.15	311	60	60	30	1	1	1		1	1	
Other	58571	0.119	15.00	241	56	90	30			0.5			2	
MPC	55866	0.074	21.36	442	68	180	30	1		1		1	2	
Reference	58548	0.089	31.63	564	75	240	45	1	2	1		1	2	
SURVEY	**58575**	**0.103**	**34.00**	**544**	**73**	**240**	**33**	**1**		**1**		**3**		
Reference	58240	0.064	49.33	1118	120	420	75	6	3		1	1	4	1

Positioning Time

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. The society also requests 5 additional minutes of positioning time, for a total of 13 minutes. The additional 5 minutes are needed because an additional IV is placed since anesthesia will not have access to the arms. The arms are carefully wrapped in foam and confirmed to be in a neutral position. The arms are tucked along the side of the

abdomen. Confirmation that IV lines, BP cuff and pulse oximetry are functioning with the arms tucked is required. Confirmation that no compression of nerves in the arms, hands, legs and feet is also performed. The patient is then placed into steep trendelenberg to confirm that there is no compromise to the patient's cardiopulmonary function in this position. Once it is confirmed that the steep trendelenberg position is well tolerated, the patient is placed back into a horizontal position. An oral gastric tube is placed to decompress the stomach. The face and eyes are padded or shielded to prevent injury.

Intensity
The society is recommending an IWPUT of 0.103 for this new procedure. This patient has had advanced stage ovarian cancer and abdominal carcinomatosis now treated with neoadjuvant chemotherapy. The physician has to be concerned about injuring bowel and blood vessels while accessing the peritoneal cavity. Techniques such as an open approach (Hasson), insertion of the verees needle and trocar in the LUQ can be considered, additional adhesions are universally encountered. There is often obliteration of normal anatomical planes and abnormal adhesions due to inflammation or fibrosis between loops of bowel and treated neoplasm. Ovaries and their blood supply are typically retracted into the retroperitoneum and obscured by colon and neoplasm. After development of appropriate spaces, and completion of the hysterectomy with or without oophorectomy, one has to bring the omentum into view. The omentum has tumor involvement and these areas are adherent to adjacent loops of small bowel and large bowl and their mesentery. Omentectomy is challenging given the course of the transverse colon from the hepatic flexure to the splenic flexure. Attachments to the colon need to be taken down carefully to ensure there is no traumatic or thermal injury to the bowel. Lesser Sac is eventually entered and then attachments just below the greater curvature of the stomach need to be taken down, vessels sealed and cut. As one gets closer to the splenic flexure, one needs to ensure avoidance of vasculature in the splenic hilum as well as tearing off the splenic capsule. Additional tumor implants will be resected. These are often embedded in the peritoneal surfaces with invasion of underlying musculature along gutters and the abdominal wall, and additionally may be adherent to the mesentery of small and large bowel requiring careful excision so as not to injure the blood supply of the bowel. Some of these implants may be in the anterior or posterior cul de sac increasing the likelihood of injury to the bladder and rectal wall. The surgery almost always involves all four quadrants of the abdomen requiring repositioning of the patient and instruments. Patients with advanced cancer, especially those who have received chemotherapy preoperatively, are more likely to be malnourished, anemic, immunocompromised and susceptible to infection, and at higher risk of venous thromboembolism.

Post Operative Visits
The society is requesting three level four office visits for this procedure, supported by survey data.

First Visit: Level 4 Office Visit (99214)
The patient is first seen 2-3 days post-discharge. A detailed history is performed to assess for pain, cardio-pulmonary status, return of bowel function, ileus, nausea and vomiting, lymphedema of the lower extremities, vaginal bleeding or discharge, bladder function and urinary retention, signs of infection or seroma, retroperitoneal bleeding, assessment for DVTs and nerve damage. Medications are reviewed. A detailed exam including general assessment, vital signs, neurologic status, skin for infections, lower extremity exam for DVTs, cardio pulmonary exam, exam of perineum, GI exam for bowel function or hernias, lymphatic exam for lymphedema, vaginal bleeding. Laboratory studies are ordered, reviewed and prescriptions are filled as needed

Second Visit: Level 4 Office Visit (99214)
The patient is seen again at 10-14 days post op. A detailed history is taken to review pain, bowel and bladder function, vaginal bleeding or discharge, any signs of infection (incision, pelvic abscess or cuff cellulitis), DVTs, lymphedema, or post-operative complications. Medications are reviewed. Chronic medical conditions are assessed post operatively. A detailed exam is performed including general appearance, vital signs, cardiopulmonary exam, GI exam for bowel function and hernias, skin to assess for infection, lymphatic exam to assess for edema of groins, lower abdomen and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed. A speculum exam is performed to assess for vaginal cuff

healing or cellulitis. Prescriptions are filled as needed. Pathology is reviewed and timing for resuming therapy is addressed.

Third Visit: Level 4 Office Visit (99214)
The patient is next seen 3-6 weeks from the surgery. A detailed history is taken to evaluate for any residual bowel, bladder, gynecologic, pain or incisional issues. Chronic medical conditions are assessed post operatively. Review of medications and fitness for chemotherapy are assessed. A detailed exam to evaluate for any complications from surgery including vital signs, a neurologic exam, assessment for incisional infections, hernias or tumor nodules in the port sites. GI and GU exam are performed and a speculum exam for assessment of vaginal cuff healing. Extremities are assessed for swelling. Laboratory studies are ordered and prescriptions are filled as needed.

Recommendation
The specialty society is recommending 34.00 work RVUs for this new procedure with a total time of 544 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58570/58571 and 49329

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 Gynecology/Oncology How often? Commonly

Specialty Obstetrics/Gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1500

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Using the National Cancer Data Base (American College of Surgeons – Commission on Cancer), neoadjuvant chemotherapy (NACT - chemotherapy given prior to surgery) was provided in 16% of patients with Stages III and IV ovarian cancer in 2011, but the proportion is increasing annually. The American Cancer Society estimates that there will be 21,290 cases of ovarian cancer in 2015. Approximately 64% will present in Stages III and IV, or about 13,600 per year. If 16% receive NACT, then this would be 2180/year. If 50% are eligible for minimally invasive surgery due to a marked response (either complete or excellent partial), then a conservative estimate of about 1090 would be eligible for this procedure annually.

Specialty GynecologyOncology Frequency 1275 Percentage 85.00 %

Specialty ObstetricsGynecology Frequency 225 Percentage 15.00 %

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? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate 40% of the ovarian cancers are in the Medicare population.

Specialty GynecologyOncology Frequency 510 Percentage 85.00 %

Specialty ObstetricsGynecology Frequency 90 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 58571

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	58575	**# of Respondents:**	44
Survey Code Descriptor:	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed		

Top Ref Code:	58548	**# of Respondents:**	27	**% of Respondents:**	61%
Top Ref Code Descriptor:	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	0%	19%	48%	33%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		4%	15%	81%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		0%	30%	70%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		0%	30%	70%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	15%	85%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	15%	85%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		7%	19%	74%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	22%	78%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		4%	48%	48%		

SS Rec Summary

ISSUE: Hysterectomy

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
1st REF	58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	27	0.089			31.63			564	60	10	5			240			45				1	2	1.0		1	2			
2nd REF	58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	7	0.064			49.33			1118	75	30	15			420			75				6	3		1	1	4	1		
CURRENT	49329	*Unlisted laparoscopy procedure, abdomen, peritoneum and omentum*		#DIV/0!						0																				
CURRENT	58571	*Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)*		0.119			15.00			241	33	8	15			90			30						0.5			2		
SVY	58575	*Laparoscopy, surgical, total hysterectomy; with or without salpingo-oophorectomy, unilateral or bilateral, with resection of malignancy (tumor debulking), with omentectomy*	44	0.097	6.00	32.60	34.00	40.50	80.96	608	90	20	20	90	180	240	285	360	40				1		1.0		3			
REC				0.102			32.60			510	40	13	20			240			33				1		1.0		1	2		

#9 & #10
Tab Number

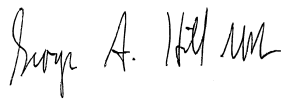
Laparoscopic Total Pelvic Lymphadenectomy
Laparoscopic Total Hysterectomy
Issue

3857X and 585X7
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

September 2, 2016
Date

CPT Code: 58575
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed

(Do not report 58575 in conjunction with 49255, 49320, 49321, 58570, 58571, 58572, 58573, 58661)

Global Period: 090 **Meeting Date:** October 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:

ACOG convened a workgroup consisting of their CPT/RUC committee members and SGO representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We included CPT Code 58548 as a PE reference code. It was chosen as the key reference service on the physician work survey and includes similar direct practice expense inputs as the newly created service.

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 Time

Complete Pre-service diagnostic and referral forms (5)
Clinical staff is utilized for explanation of procedure to stakeholders (i.e. insurance company nurse) and secure appropriate approval.

Coordinate pre-surgery services/review tests/exam results (20)
Obtain pathology reports and slides if necessary from referring physician. Coordinate and evaluate necessary testing for medical clearance of surgery including cardio-pulmonary status and metabolic status.

Schedule space and equipment in facility (8)
Clinical staff is utilized to schedule space in the facility.

Provide pre-service education/obtain consent (20)
Standard consent with additional education for a new cancer diagnosis and loss of future fertility. Additional education for DVT prophylaxis, bowel prep, and comorbidity management is completed. Review of supplements and medications is critical with use of DVT prophylaxis.

PRE phone calls & prescriptions (3)
Anticoagulation prophylaxis and preoperative antibiotics for bowel prep.

Intra-Service Clinical Labor Activities

Standard Discharge Management (12)

Post-Service Clinical Labor Time

Post-Operative day 3 office visit (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar exam for seroma development in addition to routine post-operative evaluation of multiple systems.

Post-Operative day 7-10 office visit (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar and vaginal cuff exam for seroma development in addition to routine post-operative evaluation of multiple systems.

Post-Operative day 35-42 (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar and vaginal cuff exam for possible carcinomatous implant development in addition to routine post-operative evaluation of multiple systems.

	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.** **AtMeeting**			**58548**		**58575**	
3	**REVISED** **Meeting Date: October 2016** **Tab: 10 Hysterectomy** **Specialty: GynecologicOncology**	**CMS Code**	**Staff Type**	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed		Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0**	**197**	**0**	**197**
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**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**125**	**0**	**125**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Other Clinical Activity - specify:						
28	**Intra-service**						
29	Assist physician in performing procedure						
30	**Post-Service**						
31	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
32	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
33	Clean room/equipment by physician staff						
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
39	Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	**n/a**	12	**n/a**	12
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
43	**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.** **AtMeeting**			**58548**		**58575**	
3	**REVISED** **Meeting Date: October 2016** **Tab: 10 Hysterectomy** **Specialty: GynecologicOncology**	**CMS Code**	**Staff Type**	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed		Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36		2		2
51	99214 53 minutes		53		1		1
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0.0**	**125**	**0**	**125**
54	Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack		3		3
58	kit, suture removal	SA031	kit				1
59	pack, pelvic exam	SA051	pack		3		2
60	pack, post-op incision care (staple)	SA052	pack		1		
61	drape, non-sterile, sheet 40in x 60in	SB006	item		3		3
62	pelvic exam pack	SA051					2
63	**EQUIPMENT**	**CODE**					
64	table, power	EF031			125		125
65	light, exam	EQ168					142
66	light, fiberoptic headlight w-source	EQ170			125		
67							
68							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures Screen

October 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, 94621and 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 recommended that the specialty societies resurvey codes 94617, 94621and 94618 with the same exact survey instrument (the current standard RUC survey for imaging and tests) for the October 2016 RUC meeting.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed
The RUC reviewed the survey data from 73 physician providers and recommends the survey 25th percentile work RVU of 0.48. The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 10 minutes, and immediate post-service time of 4 minutes. The pre and post time were discussed in detail because an Evaluation and Management (E/M) service is performed on the same day. Therefore, 2 minutes of pre-service evaluation and 6 minutes of immediate post-service time were removed to ensure no duplication of work is performed. It was noted that this code should represent 95% of services previously reported with CPT code 94620. Newly described code 94618 requires less physician time than previously reported 94620 and thus the RUC is recommending a decrease in the work RVU for this service.

The RUC compared this service to CPT code 99212 *Office or other outpatient visit for the evaluation and management of an established patient…Typically, 10 minutes are spent face-to-face with the patient and/or family.* (work RVU=0.48, intra-service time of 10 minutes) and code 74230 *Swallowing function, with cineradiography/videoradiography* (work RVU=0.53 and an intra-service time of 10 minutes) and noted that both reference services have identical intra-service time and should be valued similarly. To further validate a work RVU of 0.48, the RUC compared the survey code to top key reference code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU=0.75, intra-service time of 20 minutes) and noted that the survey code has lower intra-service time, and the survey respondents indicated that the survey code is identical to less intense to perform, further justifying this valuation. **The RUC recommends a work RVU of 0.48 for CPT code 94618**

94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry
The RUC reviewed the survey data from 71 physician providers and recommends the survey median of 0.70 work RVUs for CPT code 964X2. The RUC recommends the following physician time: pre-service time of 6 minutes, intra-service time of 10 minutes, and immediate post-service time of 10 minutes. It was noted that this code should represent 5% of services previously reported with CPT code 94620 and that this service is not billed with an E/M typically, leading to acceptance of the survey median pre and post-service times. This post-service time work reflects the following: Discuss the findings with the patient. Discussion includes the patient's response to exercise, severity of bronchospasm along with appropriate change in their medication regimen. Further discussion of mandatory exercise preparation including warm up and modifications as needed based on environmental conditions, (i.e. warming devices). Additionally, instructions need to be given on pre-exercise medication use and timing, dietary modification and nutritional supplementation. Develop plans for therapy and/or additional testing. Communicate the results with the referring physician and complete any necessary return forms.

For additional support the RUC referenced similar services 76642 *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited* (work RVU=0.68, intra-service time of 10 minutes) and 78226 *Hepatobiliary system imaging, including gallbladder when present;* (work RVU=0.74, intra-service time of 10 minutes). To validate a work RVU of 0.70, the RUC compared the survey code to top key reference code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU=0.75, intra-service time

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of 20 minutes) and noted that the survey code has slightly lower intra-service time, and the survey respondents indicated that the survey code is identical to somewhat less intense to perform, further justifying this valuation. **The RUC recommends a work RVU of 0.70 for CPT code 94617**

94621 Cardiopulmonary exercise testing, (including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

The RUC reviewed the survey data from 70 physician providers and recommends maintaining the current work RVU of 1.42 for CPT code 94621. The RUC recommends the following physician time: pre-service time of 10 minutes, intra-service time of 30 minutes, and immediate post-service time of 10 minutes. The RUC compared this service to 95806 *Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)* (work RVU=1.25, intra-service time of 25 minutes) and 99214 *Office or other outpatient visit for the evaluation and management of an established patient…Typically, 25 minutes are spent face-to-face with the patient and/or family.* (work RVU=1.50, intra-service time of 25 minutes) and noted that both reference services have comparable physician work and time with code 94621 and provide appropriate brackets around the recommended value.

For additional support, the RUC referenced similar services 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU=1.42, intra-service time of 20 minutes) and 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* (work RVU=1.50, intra-service time of 30 minutes). To validate a work RVU of 1.42, the RUC compared the survey code to top key reference code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU=0.75, intra-service time of 20 minutes) and noted that the survey code has higher intra-service time, and the survey respondents indicated that the survey code is somewhat more to much more intense to perform, further justifying this valuation. **The RUC recommends a work RVU of 1.42 for CPT code 94621.**

Practice Expense:

The RUC reviewed and accepted the direct PE inputs as modified by the Practice Expense Subcommittee.

Work Neutrality:

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Pulmonary** **Pulmonary Diagnostic Testing and Therapies** *94060* *Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration* *(Do not report 94060 in conjunction with 94150, 94200, 94375, 94640, 94728)* *(Report bronchodilator supply separately with 99070 or appropriate supply code)* (For ~~prolonged~~ exercise test for bronchospasm with pre- and post-spirometry, use ~~94620~~94617) *94250* *Expired gas collection, quantitative, single procedure (separate procedure)* (Do not report 94250 in conjunction with 94621)				
D 94620	-	~~*Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)*~~	~~XXX~~	~~0.64~~
●94617	F1	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s) and pulse oximetry (Do not report 94617, 94621 in conjunction with 93000-93010, 93040-93042 for ECG monitoring performed during the same session) (Do not report 94617, 94621 in conjunction with 93015-93018)	XXX	0.70

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▲94621(f)	F2	Cardiopulmonary exercise testing, ~~complex~~ ~~(~~including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings~~)~~ (Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690) (Do not report 94617, 94618, 94621 in conjunction with 94760, 94761)	XXX	1.42 (No Change)
●94618	F3	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed (94620 has been deleted. To report pulmonary stress testing, use 94618)	XXX	0.48

94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination
(For blood gases, see 82803-82810)

94761 multiple determinations (eg, during exercise)

(Do not report 94760, 94761 in conjunction with 94617, 94618, 94621)

94680 Oxygen uptake, expired gas analysis; rest and exercise, direct, simple

94681 including CO2 output, percentage oxygen extracted

94690 rest, indirect (separate procedure)

(For single arterial puncture, use 36600)

(Do not report 94680, 94681, 94690 in conjunction with 94621)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:94618 Tracking Number F3 Original Specialty Recommended RVU: **0.48**
Presented Recommended RVU: **0.48**
Global Period: XXX RUC Recommended RVU: **0.48**

CPT Descriptor: Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with documented COPD is evaluated for symptoms of dyspnea while walking.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: This service is typically billed with an E/M. Therefore in addition to review patient personal data and review medical information to determine the rationale to perform the exercise test, this service includes assessing the patient for any acute illnesses or other change in clinical status that would determine fitness for the test on same day.

Description of Intra-Service Work: Review data on SpO2, heart rate and distance measured at 1, 2, 3, 4, 5 and 6 minutes as well as blood pressure measured before and after exercise. Calculate percent of distance compared to predicted. Review the dyspnea index. Analyze the data and check for irregularities. Compare to previous testing, if available. Prepare a written report including an interpretation of the test results.

Description of Post-Service Work: Discuss the findings with the patient. Discussion includes reason and timing for Oxygen supplementation, environmental conditions, appropriate flow rates and medication changes if necessary. Develop plans for physical therapy or pulmonary rehabilitation and/or additional testing. Communicate the results with the referring physician, including the development or revision of oxygen prescriptions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Katina Nicolacakis MD, Alan Plummer, MD, Robert DeMarco, and MD, Kevin Kovitz, MD		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	94618		
Sample Size:	11500	**Resp N:** 73	**Response:** 0.6 %
Description of Sample:	Random sample from both ATS and CHEST members. Both Societies opened up the pool and sent to 80% of members for summer 2016 survey.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	3.00	20.00	**50.00**	100.00	2500.00
Survey RVW:	0.10	0.48	**0.66**	0.80	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	10.00	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	94618	**Recommended Physician Work RVU: 0.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**4.00**	**0.00**	**4.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93015	XXX	0.75	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
94013	XXX	0.66	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99281	XXX	0.45	**RUC Time**	78,305

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
69210	XXX	0.61	**RUC Time**	1,538,900

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

Other Reference CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or

agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 20.5 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 94618	**Top Key Reference CPT Code:** 93015	**2nd Key Reference CPT Code:** **94013**
Median Pre-Service Time	3.00	2.00	0.00
Median Intra-Service Time	10.00	20.00	12.50
Median Immediate Post-service Time	4.00	4.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**26.00**	**17.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.20	0.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.13	0.38
Urgency of medical decision making	0.00	0.38

Technical Skill/Physical Effort (Mean)

Technical skill required	-0.47	-0.15
Physical effort required	-0.53	0.15

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.07	0.54
Outcome depends on the skill and judgment of physician	-0.20	0.23
Estimated risk of malpractice suit with poor outcome	-0.33	0.38

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.40	0.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

As part of the proposed CY 2016 rule, CMS identified CPT 94620 as potentially misvalued based on volume and the year it had last been surveyed. In preparing for a potential RUC survey of the code and any code in the family the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) reviewed the CPT codes, descriptions and vignettes. To provide clarity in the code descriptions and bring the services to current practice, the joint societies prepared revisions for the CPT Panels to consider prior to moving to survey. At the February 2016 CPT meeting the panel approved revisions to CPT 94621 and created two new codes to replace 94620. Specifically, the changes that involve code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six-minute walk test, as well as, pre-exercise and post-exercise spirometry for the assessment of exercise-induced bronchoconstriction. These tests are entirely different and for future CPT versions will be described with two separate codes 94617 and 94618. 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 for many calculations including oxygen consumption or VO2Max, in addition to heart rate, oximetry and ECG monitoring. Regarding the volume for CPT 94620, we project that 95 % will go to 94618 and 5% to 94617.

In April 2016, we conducted a survey of CPT 94618, 94617 and revised 94621 and presented that data to the RUC. We have provided the April 2016 survey data along with this summer's survey results in one RUC

summary table for ease of review. The April 2016 Tab 9, went to facilitation, where a robust discussion about the times were reviewed. The pulmonary community has participated in several surveys recently, some of which were global 000. We hypothesized, our societies members might not have placed time for the report in the intra service location. The facilitation committee agree that a resurvey with highlighted aspects of the survey tool (approved by the research committee) would be beneficial. The societies obtained approval from the AMA research committee for a revised cover letter to members and revised survey tool to ensure that members did not misunderstand or miss the instructions to place their estimate of time for the "report time" in the intra service time estimate. Additionally, the societies widened the pool of survey participants in an attempt to obtain a higher response rate.

94618 July 2016 Survey Compared to April 2016 Survey Results & Recommendations:

A joint ATS and CHEST RVS consensus committee (herein referred to as "joint societies") reviewed and discussed both sets of survey results. Both surveys contained all three codes and was conducted with random members from both societies, removing any duplicates as necessary. The ATS and CHEST distribution lists were randomly selected by the membership departments. The April survey was sent to 3557 participants while the July survey was sent to 11500 participants, with changes to the survey tool noted above in the background.

The joint societies reviewed the summary data of 73 (61, April 2016) responses to the survey request. There were 9 respondents that took both surveys. Of note, in the July survey an increased percentage of 85 percent compared to 78 percent of the survey respondents stated the vignette was typical. The survey performance rate median 50 studies (from both surveys) per year among the respondents is an anticipated rate given this service will be the higher volume procedure compared to the 94617, which adds support to the survey responses. The joint societies reviewed the July 2016 survey times and agreed that the physician median times of 6 minutes pre-service, 10 minutes' intra-service, accurately reflect the time required to perform this service we are recommending 5 minutes of post service time.

The team reviewed the RVWs survey data, of note the current code 94620 is 0.64 RVW and is similar CPT 94618 survey median 0.66. As this code will be ninety-five percent of the volume as mentioned earlier and is less work than 94617 we believe that the survey 25th percentile is the appropriate RVW. We also believe the survey participants correctly rank ordered the new 94617 to 94618 at the median level.

The key reference code 1 chosen was 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* by 29 respondents and the key reference code 2, 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.* We believe this supports rank order for our recommendation. The intensity complexity comparisons for key reference code 1 and 2 support our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support accepting CPT 94618 at the April 2016 median survey RVW 0.48 with the median times 5-10-5.

CPT	***Short Description***	RVW	Pre	Intra	Post	Total
99212	E/M, typical 10 min	0.48	2	10	4	16
78014	Thyroid imaging with single or multiple uptake(s) quantitative measurement(s)	0.50	5	10	5	20
94618	Pulmonary stress testing (eg, 6-minute	0.48	5	10	5	20

	walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	REC	REC	REC	REC	REC
74230	CINE/Xray throat/esoph	0.53	3	10	4	17
93015	Cardiovascular stress test; with supervision, interpretation and report	0.75	2	20	4	26

In summary, CPT 94618 tracking code F3, the joint societies recommend the RVW 0.48 with pre time 5 minutes, intra time 10 minutes and 5 minutes of post time.

After RUC descussion, CPT 94618 tracking code F3, the joint societies recommend the RVW 0.48 with pre time 3 minutes, intra time 10 minutes and 4 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: 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) Per the billed with E/M codes files supplied by the RUC this service is typically provided along with one of the E/Ms

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See RUC billed with files.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 94620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Internal Medicine How often? Sometimes

Specialty Critical Care How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 709716

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 preliminary 2015 Medicare Data

Specialty Pulmonary Disease	Frequency 532287	Percentage 75.00 %
Specialty Internal Medicine	Frequency 85166	Percentage 12.00 %
Specialty Critical Care	Frequency 92263	Percentage 12.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 236,572 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Preliminary 2015 Medicare Data

Specialty Pulmonary Disease	Frequency 177429	Percentage 75.00 %
Specialty Internal Medicine	Frequency 28389	Percentage 12.00 %
Specialty Critical Care	Frequency 30754	Percentage 12.99 %

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:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 94620

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:94617 Tracking Number F1 Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is seen because of dyspnea and cough after walking several city blocks. She has a normal physical examination.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient personal data. Review medical information to determine the rationale to perform the exercise test.

Description of Intra-Service Work: Physician is typically present for the exercise portion of the procedure. Review patient data from exercise on treadmill or stationary bicycle–miles per hour, percent incline, exercise stage, heart rate, blood pressure and SpO2. Review ECG strips taken during exercise and recovery. Review base line spirometry results before the exercise test and multiple spirometric results following exercise. Analyze the data and check for irregularities. Prepare a written report including an interpretation of the test results.

Description of Post-Service Work: Discuss the findings with the patient. Discussion includes the patient's response to exercise, severity of bronchospasm along with appropriate change in their medication regimen. Further discussion of mandatory exercise preparation including warm up and modifications as needed based on environmental conditions, (i.e. warming devices). Additionally, instructions need to be given on pre-exercise medication use and timing, dietary modification and nutritional supplementation. Develop plans for therapy and/or additional testing. Communicate the results with the referring physician and complete any necessary return forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Katina Nicolacakis MD, Alan Plummer, MD, Robert DeMarco, and MD, Kevin Kovitz, MD		
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)		
CPT Code:	94617		
Sample Size:	11500	**Resp N:** 71	**Response:** 0.6 %
Description of Sample:	Random sample from both ATS and CHEST members. Both Societies opened up the pool and sent to 80% of members for summer 2016 survey.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	30.00	1000.00
Survey RVW:	0.27	0.49	**0.70**	1.00	2.50
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	6.00	**10.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	94617	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93015	XXX	0.75	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
94060	XXX	0.27	**RUC Time**

CPT Descriptor Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,082,643

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
69210	XXX	0.61	**RUC Time**	1,558,017

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

Other Reference CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 26.7 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 21.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 94617	**Top Key Reference CPT Code:** 93015	**2nd Key Reference CPT Code:** **94060**
Median Pre-Service Time	6.00	2.00	3.00
Median Intra-Service Time	10.00	20.00	7.50
Median Immediate Post-service Time	10.00	4.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**26.00**	**26.00**	**13.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.32	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.16	0.13
Urgency of medical decision making	-0.53	0.07
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.05	0.20

Physical effort required	-0.21	0.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.37	0.20
Outcome depends on the skill and judgment of physician	-0.11	0.27
Estimated risk of malpractice suit with poor outcome	-0.32	0.20

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	-0.05	0.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

As part of the proposed CY 2016 rule, CMS identified CPT 94620 as potentially misvalued based on volume and the year it had last been surveyed. In preparing for a potential RUC survey of the code and any code in the family the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) reviewed the CPT codes, descriptions and vignettes. To provide clarity in the code descriptions and bring the services to current practice, the joint societies prepared revisions for the CPT Panels to consider prior to moving to survey. At the February 2016 CPT meeting the panel approved revisions to CPT 94621 and created two new codes to replace 94620. Specifically, the changes that involve code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six-minute walk test, as well as, pre-exercise and post-exercise spirometry for the assessment of exercise-induced bronchoconstriction. These tests are entirely different and for future CPT versions will be described with two separate codes 94617 and 94618. 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 for many calculations including oxygen consumption or VO2Max, in addition to heart rate, oximetry and ECG monitoring. Regarding the volume for CPT 94620, we project that 95 % will go to 94618 and 5% to 94617.

In April 2016, we conducted a survey of CPT 94618, 94617 and revised 94621 and presented that data to the RUC. We have provided the April 2016 survey data along with this summer's survey results in one RUC summary table for ease of review. The April 2016 Tab 9, went to facilitation, where a robust discussion about the times were reviewed. The pulmonary community has participated in several surveys recently, some of which were global 000. We hypothesized, our societies members might not have placed time for the report in the intra service location. The facilitation committee agree that a resurvey with highlighted

aspects of the survey tool (approved by the research committee) would be beneficial. The societies obtained approval from the AMA research committee for a revised cover letter to members and revised survey tool to ensure that members did not misunderstand or miss the instructions to place their estimate of time for the "report time" in the intra service time estimate. Additionally, the societies widened the pool of survey participants in an attempt to obtain a higher response rate.

94617 July 2016 Survey Compared to April 2016 Survey Results & Recommendations:

A joint ATS and CHEST RVS consensus committee (herein referred to as "joint societies") reviewed and discussed both sets of survey results. Both surveys contained all three codes and was conducted with random members from both societies, removing any duplicates as necessary. The ATS and CHEST distribution lists were randomly selected by the membership departments. The April survey was sent to 3557 participants while the July survey was sent to 11500 participants, with changes to the survey tool noted above in the background.

The joint societies reviewed the summary data of 71 (54, April 2016) responses to the survey request. There were 9 respondents that took both surveys. Of note, in the July survey an increased percentage of 84 percent compared to 64 percent of the survey respondents stated the vignette was typical. The survey performance rate median 10 studies (in both surveys) per year among the respondents is an anticipated rate given this service will be the lower volume procedure (5%) compared to the current CPT code 94620, which adds support to the survey responses. The joint societies reviewed the survey times and agreed that the physician median times of 6 minutes pre-service, 10 minutes' intra-service and 10 minutes' post time, accurately reflect the time required to perform this service.

The team reviewed the RVWs survey data, of note the median for the current code 94620 is 0.64 RVW. The survey median is close but less than the median for the current code CPT 94620. As this code will be five percent of the volume as mentioned earlier and is more work than 94618. We believe that the survey median accurately reflects the increased work and complexity of CPT 94617 compared to 94618. The team also reviewed the 25th percentile, 0.49 (both surveys) as compared to other RUC approved codes (see table below) and agree that the 25th percentile would be too low to recommend and would not preserve rank order among other services. The key reference code 1 chosen was 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* by 24 respondents and the key reference code 2, 94060 *Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration.* We believe this supports rank order with this recommendation. The intensity complexity comparisons for key reference code 1 and 2 support our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support accepting the median value for CPT 94617 at RVW 0.70 with the median times 6-10-10 appropriately placing the RVW is correct rank relativity.

CPT	*Short Description*	RVW	Pre	Intra	Post	Total
99212	E/M, typical 10 min	0.48	2	10	4	16
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
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	0.70 REC	6 REC	10 REC	10 REC	26 REC
76642	Ultrasound breast limited	0.68	5	10	5	20

78226	Hepato Imag without drug and quant	0.74	5	10	5	20
93015	Cardiovascular stress test; with supervision, interpretation and report	0.75	2	20	4	26

In summary, for CPT 946X2 tracking code F1 we recommend the median RVW 0.70 and the median survey times, pre time 6 minutes, intra time 10 minutes and 10 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) 94620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Cardiology How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 37353
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 Preliminary 2015 Medicare Data

Specialty Pulmonary Disease Frequency 28015 Percentage 75.00 %

Specialty Internal Medicine Frequency 4482 Percentage 11.99 %

Specialty 4856 Frequency 4601 Percentage 12.31 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,451 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Preliminary 2015 Medicare Data

Specialty Pulmonary Disease Frequency 9338 Percentage 74.99 %

Specialty Internal Medicine Frequency 1494 Percentage 11.99 %

Specialty Critical Care Frequency 1619 Percentage 13.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 94620

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:94621 Tracking Number F3 Original Specialty Recommended RVU: **1.42**
Presented Recommended RVU: **1.42**
Global Period: XXX RUC Recommended RVU: **1.42**

CPT Descriptor: Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

(Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690)
(Do not report 946X2, 946X3, 94621 in conjunction with 94760, 94761)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male has unexplained dyspnea, which interferes with his ability to work and exercise. A cardiopulmonary exercise test is ordered after other studies fail to identify the cause of dyspnea.

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 patient personal data. Review medical information to determine the rationale to perform the complex exercise test.

Description of Intra-Service Work: Physician is typically present for the exercise portion of the procedure. Review data on oxygen uptake, CO2 output, work, anaerobic threshold (AT), heart rate, O2 pulse, blood pressure, heart rate reserve, maximum ventilation, tidal volume, respiratory rate, breathing reserve, end-tidal CO2, end-tidal O2, VE/CO2 at AT, VE/O2 at AT, VD/VT at rest and exercise, RQ, SpO2 at peak exercise, VO2/work and HR/VO2. Review the 9 graphs from the exercise data. Review ECG strips taken prior to, during and after exercise. Check all data for irregularities. Analyze the data and prepare a written report including an interpretation of the test results..

Description of Post-Service Work: Discuss the findings with the patient. The extensive and varied data achieved from this test will reveal the presence of primary pulmonary, pulmonary vascular, cardiac, or other cardiopulmonary pathology as well as obesity, deconditioning or fitness for lung resection or other major surgeries. Communicate the results with the referring physician and includes discussions with additional consultants as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Katina Nicolacakis MD, Alan Plummer, MD, Robert DeMarco, and MD, Kevin Kovitz, MD		
Specialty(s):	American Thoracic Society (ATS) and the American College of Chest Physicians		
CPT Code:	94621		
Sample Size:	11500	**Resp N:** 70	**Response:** 0.6 %
Description of Sample:	Random sample from both ATS and CHEST members. Both Societies opened up the pool and sent to 80% of members for summer 2016 survey.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**20.00**	34.00	300.00
Survey RVW:	0.75	1.05	**1.78**	2.60	10.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	35.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	94621	**Recommended Physician Work RVU: 1.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93015	XXX	0.75	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
94003	XXX	1.37	**RUC Time**	73,384

CPT Descriptor 1 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	95,385,867

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 detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99203	XXX	142.00	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (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:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)	**CPT Code:** 94621	**Top Key Reference CPT Code:** 93015	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	10.00	2.00	5.00
Median Intra-Service Time	30.00	20.00	25.00
Median Immediate Post-service Time	10.00	4.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**50.00**	**26.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.95	0.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	0.64
Urgency of medical decision making	0.57	0.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.81	-0.07
Physical effort required	-0.11	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.48	1.36
Outcome depends on the skill and judgment of physician	0.95	1.21
Estimated risk of malpractice suit with poor outcome	0.57	1.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.86	1.43

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

As part of the proposed CY 2016 rule, CMS identified CPT 94620 as potentially misvalued based on volume and the year it had last been surveyed. In preparing for a potential RUC survey of the code and any code in the family the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) reviewed the CPT codes, descriptions and vignettes. To provide clarity in the code descriptions and bring the services to current practice, the joint societies prepared revisions for the CPT Panels to consider prior to moving to survey. At the February 2016 CPT meeting the panel approved revisions to CPT 94621 and created two new codes to replace 94620. Specifically, the changes that involve code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six-minute walk test, as well as, pre-exercise and post-exercise spirometry for the assessment of exercise-induced bronchoconstriction. These tests are entirely different and for future CPT versions will be described with two separate codes 94617 and 94618. 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 for many calculations including oxygen consumption or VO2Max, in addition to heart rate, oximetry and ECG monitoring. Regarding the volume for CPT 94620, we project that 95 % will go to 94618 and 5% to 94617.

In April 2016, we conducted a survey of CPT 94618, 94617 and revised 94621 and presented that data to the RUC. We have provided the April 2016 survey data along with this summer's survey results in one RUC summary table for ease of review. The April 2016 Tab 9, went to facilitation, where a robust discussion about the times were reviewed. The pulmonary community has participated in several surveys recently, some of which were global 000. We hypothesized, our societies members might not have placed time for the report in the intra service location. The facilitation committee agree that a resurvey with highlighted aspects of the survey tool (approved by the research committee) would be beneficial. The societies obtained approval from the AMA research committee for a revised cover letter to members and revised survey tool to ensure that members did not misunderstand or miss the instructions to place their estimate of time for the "report time" in the intra service time estimate. Additionally, the societies widened the pool of survey participants in an attempt to obtain a higher response rate.

94621 July 2016 Survey Compared to April 2016 Survey Results & Recommendations:

A joint ATS and CHEST RVS consensus committee (herein referred to as "joint societies") reviewed and discussed both sets of survey results. Both surveys contained all three codes and was conducted with random members from both societies, removing any duplicates as necessary. The ATS and CHEST distribution lists were randomly selected by the membership departments. The April survey was sent to 3557 participants while the July survey was sent to 11500 participants, with changes to the survey tool noted above in the background.

The joint societies reviewed the summary data of 70 (47, April 2016) responses to the survey request. There were 9 respondents that took both surveys. Of note, in the July survey an increased percentage of 95 percent compared to 92 percent of the survey respondents stated the vignette was typical. The survey performance rate median 20 studies per year among the respondents is an anticipated rate given this service volume compared to the current CPT code 94620, which adds support to the survey responses. The joint societies reviewed the survey times and agreed that the physician median times of 10 minutes pre-service, 30 minutes' intra-service and 15 minutes' post time, reflects the time required to perform this service. Since both surveys came in at the same times, we believe that lends strength to accepting them as the appropriate times for this service.

The team reviewed the RVWs survey data, of note, the median 1.78 RVW from the July 2016 survey is higher in value than the median April 2016 RVW of 1.45 and higher than the current value 1.42. The team then discussed if there was compelling evidence to justify asking for the median and the experts stated that there was a new guideline implemented in 2003. This codified a wider range of measurements to be tracked and would be evidence to suggest a higher work value. The team also reviewed the 25th percentile, 1.05 as compared to other RUC approved codes (see table below) and agree that the 25th percentile would be too low to recommend and would not preserve rank order among other services. However, comparing the increase in RVW with a decrease in time is not consistent with other RUC recommendations, therefore, the team will not present compelling evidence for an increase in RVW, rather will recommend maintaining the current value with the survey times. We reviewed the new intensity complexity measures and these also support the higher RVW survey value as compare to the reference codes.

The key reference code 1 chosen was 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* by 21 respondent and the key reference code 2, 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family;* by 14 survey participants, neither have higher RVWs and times than the survey median or current values.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support maintaining with magnitude estimation to 99213 CPT 94621 at the current RVW 1.42 with the median times 10-30-15.

CPT	*Short Description*	RVW	Pre	Intra	Post	Total
93015	Cardiovascular stress test; with supervision, interpretation and report	0.75	2	20	4	26
97001	Physical therapy evaluation	1.20	4	30	6	42
88187	Flow cytometry, interpretation; 2 to 8 markers	1.36	5	30	3	38
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	1.42 REC	10 REC	30 REC	15 REC	55 REC
99203 Mag Est.	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.	1.42	4	20	5	29
99497	Advance Care Planning	1.50	5	30	10	45
90832	Psychotherapy, 30 minutes	1.50	5	30	10	45

95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	1.50	7	30	5	42

In summary, for CPT 94621, tracking code F3, the joint societies believe the survey median supports maintaining the RVW current work value as well as magnitude estimating with 99203. We recommend maintaining the RVW 1.42 with survey pre time 10 minutes, intra time 30 minutes and 15 minutes of post time.
After RUC discussion for CPT 94621, tracking code F3, the joint societies believe the survey median supports maintaining the RVW current work value as well as magnitude estimating with 99203. We recommend maintaining the RVW 1.42 with survey pre time 10 minutes, intra time 30 minutes and 10 minutes of post time

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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) 94621

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Cardiology How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 49242
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 3 times Preliminary Medicare 2015 data

Specialty Pulmonary Disease Frequency 24621 Percentage 50.00 %

Specialty Cardiology Frequency 17235 Percentage 35.00 %

Specialty Internal Medicine Frequency 7386 Percentage 14.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 16,414 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Preliminary Medicare 2015 data

Specialty Pulmonary Disease Frequency 8207 Percentage 50.00 %

Specialty Cardiology Frequency 5745 Percentage 35.00 %

Specialty Internal Medicine Frequency 2462 Percentage 14.99 %

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:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 94621

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	946X2	**# of Respondents:**	71
Survey Code Descriptor:	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		

Top Ref Code: 1	93015	**# of Respondents:**	19	**% of Respondents:**	27%
Top Ref Code Descriptor:	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		5%	21%	53%	16%	5%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		47%	37%	16%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		32%	53%	16%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		58%	37%	5%		
Technical Skill:		**Less**	**Identical**	**More**		
		21%	63%	16%		
Physical Effort:		**Less**	**Identical**	**More**		
		26%	68%	5%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		37%	58%	5%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		21%	68%	11%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		32%	68%	0%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	946X2	**# of Respondents:**	71
Survey Code Descriptor:	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		

Top Ref Code: 1	94060	**# of Respondents:**	15	**% of Respondents:**	21%
Top Ref Code Descriptor:	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	13%	60%	27%	0%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	7%	53%	40%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	13%	67%	20%
	Urgency of medical decision making	7%	80%	13%
Technical Skill:		0%	87%	13%
Physical Effort:		7%	87%	13%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	7%	67%	27%
	Outcome depends on the skill and judgment of physician	0%	73%	27%
	Estimated risk of malpractice suite with poor outcome	13%	53%	33%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	946X3	**# of Respondents:**	73
Survey Code Descriptor:	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		

Top Ref Code: 1	93015	**# of Respondents:**	15	**% of Respondents:**	21%
Top Ref Code Descriptor:	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		27%	20%	20%	33%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		40%	40%	20%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		33%	47%	20%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		27%	47%	27%		
Technical Skill:		**Less**	**Identical**	**More**		
		47%	33%	20%		
Physical Effort:		**Less**	**Identical**	**More**		
		47%	47%	7%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		40%	27%	33%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		33%	47%	20%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		40%	47%	13%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	946X3	**# of Respondents:**	73
Survey Code Descriptor:	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		

Top Ref Code: 1	94013	**# of Respondents:**	13	**% of Respondents:**	18%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	69%	31%	0%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	8%	62%	31%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	8%	46%	46%
	Urgency of medical decision making	0%	62%	38%
Technical Skill:		23%	62%	15%
Physical Effort:		15%	46%	38%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	46%	54%
	Outcome depends on the skill and judgment of physician	8%	62%	31%
	Estimated risk of malpractice suite with poor outcome	0%	62%	38%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	94621	**# of Respondents:**	70
Survey Code Descriptor:	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		

Top Ref Code: 1	93015	**# of Respondents:**	21	**% of Respondents:**	30%
Top Ref Code Descriptor:	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		5%	0%	24%	48%	24%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		10%	19%	71%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		10%	19%	71%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		14%	33%	52%		
Technical Skill:		**Less**	**Identical**	**More**		
		5%	43%	52%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	48%	52%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		10%	48%	43%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	33%	67%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		10%	48%	43%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	94621	**# of Respondents:**	70
Survey Code Descriptor:	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		

Top Ref Code: 1	99214	**# of Respondents:**	14	**% of Respondents:**	20%
Top Ref Code Descriptor:	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.				

Survey Code Compared to Top Ref Code

Survey Code is:

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:	0%	0%	7%	43%	50%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	7%	43%	50%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	36%	57%
	Urgency of medical decision making	14%	57%	29%
Technical Skill:		0%	14%	86%
Physical Effort:		0%	36%	64%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	14%	86%
	Outcome depends on the skill and judgment of physician	0%	14%	86%
	Estimated risk of malpractice suite with poor outcome	0%	14%	86%

Tab 5 Pulmonary Diagnostic Tests
April vs October 2016 Survey Data

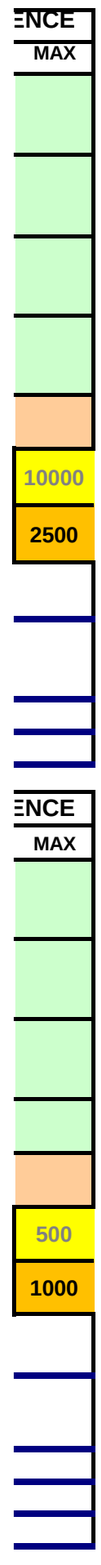
ISSUE: Pulmonary Diagnostic Tests
TAB: Tab 5 Revised 10-6-2016

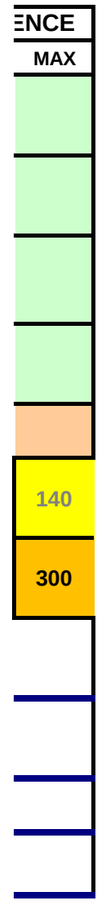
2015 Volume	Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIE MIN	SURVEY EXPERIE 25th	SURVEY EXPERIE MED	SURVEY EXPERIE 75th
1,082,643	21%	REF 1 April Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	13	0.0308			0.75			26	2			20			4				
763	20%	REF 2 April Survey	94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	12	0.0032			0.4			23	5			6			12				
1,082,643	21%	REF 1 July Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	15	0.0308			0.75			26	2			20			4				
9	18%	REF 2 July Survey	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	13	0.0438			0.66			17.5				12.5			5				
248,822		CURRENT	94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		0.0053			0.64			40	15			15			10				
	78%	SVY Total April 2016	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	61	0.0276	0.00	0.30	0.50	0.75	2.50	20	5	0	5	10	12	120	5	0	20	50	120
	85%	SVY Total July2016	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	73	0.032	0.10	0.48	0.66	0.80	3.00	25	5	0	5	10	10	40	10	3	20	50	100
		REC April 2016	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		0.0276			0.50			20	5			10			5				
236,381	Society Est. 95% of volume	RUC Rec	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		0.0323			0.48			17	3			10			4				
14,742,343		Mag Est	99212	E/M, Typical 10 minutes		0.0346			0.48			16	2			10			4				
353,741		Comparison	74230	CINE/Xray throat/esoph		0.0373			0.53			17	3			10			4				

2015 Volume	Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIE MIN	SURVEY EXPERIE 25th	SURVEY EXPERIE MED	SURVEY EXPERIE 75th
1,082,643	44%	REF 1 April Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	24	0.0308			0.75			26	2			20			4				
	19%	REF 2 April Survey	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	10	0.0181			0.27			13.5	3			7.5			3				
1,082,643	27%	REF 1 July Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	19	0.0308			0.75			26	2			20			4				
1,201,963	21%	REF 2 July Survey	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	15	0.0181			0.27			14	3			7.5			3				
248,822		CURRENT	94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		0.0053			0.64			40	15			15			10				
	64%	SVY Total April 2016	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	54	0.031	0.15	0.49	0.60	0.70	3.00	23	5	0	5	10	15	60	8	0	5	10	30
	84%	SVY Total July2016	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	71	0.034	0.27	0.49	0.70	1.00	2.50	26	6	0	6	10	20	60	10	0	5	10	30
		REC April 2016	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		0.0309			0.60			23	5			10			8				
12,441	Society Est. 5% of volume	RUC Rec	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		0.0342			0.70			26	6			10			10				
722,205			76642	Ultrasound breast limited		0.0456			0.68			20	5			10			5				
62,489			78226	Hepato Imag without drug and quant		0.0516			0.74			20	5			10			5				
1,082,643			93015	Cardiovascular stress test; with supervision, interpretation and report		0.0308			0.75			26	2			20			4				

Tab 5 Pulmonary Diagnostic Tests
April vs October 2016 Survey Data

2015 Volume	Percent Vig Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIE MIN	SURVEY EXPERIE 25th	SURVEY EXPERIE MED	SURVEY EXPERIE 75th
1,082,643	45%	REF 1 April Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	21	0.0308			0.75			26	2			20			4				
	15%	REF 2 April Survey	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	7	0.0276			1.25			50	10			25			15				
1,082,643	30%	REF 1 July Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	21	0.0308			0.75			26	2			20			4				
	20%	REF 2 July Survey	99214	Office outpatient visit for the E/M of an established patient, Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	14	0.0466			1.5			40	5			25			10				
16,655		CURRENT	94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)		0.0212			1.42			65	15			30			20				
	92%	SVY Total April 2016	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	47	0.030	0.40	0.98	1.45	2.50	4.50	55	10	1	20	30	35	85	15	0	7	15	35
	95%	SVY Total July2016	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	70	0.041	0.75	1.05	1.78	2.60	10.00	55	10	0	20	30	35	120	15	0	6	20	34
		REC April 2016	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		0.0287			1.42			55	10			30			15				
16,655		RUC Rec	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		0.0324			1.42			50	10			30			10				
10,925,489			99203 Mag Est.	E/M visit new patient, Typically, 30 minutes		0.0609			1.42				4			20			5				
New code no data			99497	Advance Care Planning		0.0388			1.50				5			30			10				


ENCE
MAX
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2500
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MAX
500
1000


ENCE
MAX
140
300

____5_____
Tab Number

Pulmonary Diagnostic Testing
Issue

94620, 94621, 946X3
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

Robert DeMarco, MD_____
Printed Signature

American College of Chest Physicians_(CHEST)_____
Specialty Society

September 1, 2016_____
Date

____5_____
Tab Number

Pulmonary Diagnostic Testing
Issue

94620, 94621, 946X3
Code Range

Attestation Statement

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_____
Signature

Alan Plummer, MD_____
Printed Signature

American Thoracic Society_(ATS)_____
Specialty Society

September 1, 2016_____
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

94617	*Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry*
94618	*Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed*
94621	*Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings*

Global Period: **XXX** Meeting Date: **April 2015**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: *A joint society consensus with members from two societies participating including; American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST).*

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 code 94620 was brought forward from a CMS request for review. 94620 and 94621 were brought to CPT from the joint societies for revisions prior to survey.*
For 94618 we used CPT 94620 as the reference, of note, we removed inputs that would be duplicative with an E/M that was billed at 52% of the time during this review. For the revised code 94621 we used 94621 inputs for a reference. For 94617 we used a combination of 94620 which is listed plus looking to 94060 and 93015 as all these codes have PE elements for the new code 94617.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

LINE 23 (5 minutes more than standard for 94621 only total 10 minutes)
CPT 94621 Preservice education of the patient begins with history of activity limitations, current smoking history, recent respiratory infection history and level of exertion that the patient is able to perform as well as a review of current medications. This is needed in order to determine which exercise protocol (level of work) is to be used for the study. The patient is also educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test. An explanation of the equipment used including the bicycle ergometer and pedal speed/s during the warm up and exercise is needed. An explanation of the monitoring equipment including the mask, pulse oximeter, blood pressure cuff and multiple ECG leads will be given. The patient will need to understand and follow directions while wearing a tight fitting facemask. More time than the standard is required to ensure compliance during the test and to answer the patient's questions prior to beginning the procedure.

LINE 24 (94621 8 minutes more than standard 2 minutes but less than current 20 minutes)
CPT 94621 requires a total of 10 minutes for preparing the room. Typically the room and equipment is used for the standard pulmonary function testing (spirometry, plethysmography and DLCO). On days during which the cardiopulmonary exercise testing (94621) is performed, the equipment needs to be

converted to cardiopulmonary exercise test capability. The metabolic cart and spirometer require calibration prior to use. The bicycle ergometer or treadmill needs to be connected into the system. The system has to be tested for proper functionality. It is important to have O2, an emergency cart and a bronchodilator present in case of an emergency.

LINE 26 (5 minutes for 94621)
Similar to CPT 93015, preparation of the patient requires placing electrodes on the patient and positioning the patient for exercise. This is different and separate from line 23 during which the procedure is explained and the patient's role in the procedure is defined. During this time the patient is positioned correctly on the bicycle, the face mask is placed on the patient ensuring a tight seal, the pulse oximeter and blood pressure cuff are placed, and the 10 electrodes are placed on the patient.

LINE 37 (15 minutes for 94621)
As this code previously had 15 minutes, we are reaffirming the need for 15 minutes as clean-up of the room requires cleaning/highly disinfecting many different pieces of equipment such as the bicycle ergometer or treadmill, the ECG cables, the BP cuff, the pulse oximeter and cable. The equipment has to be transitioned back to enable standard pulmonary function testing to be performed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Compelling Evidence for PE

Changes have occurred in protocols and technology for performing these studies since the codes have been reviewed.
Guidelines for exercise challenge testing (94617) have been recently been developed and describe a different test with new requirements as compared to the prior service, such as defining the timing of serial spirometries after exercise.
Cardiopulmonary exercise testing (94621) Guidelines have also been revised and include further details on testing that was not previously available. They are the standard now for testing.

References for CE:
ATS/ACCP Statement on Cardiopulmonary Exercise Testing. Am J Respir Crit Care Med 2003;167:211-277

ATS Guidelines for Methacholine and Exercise Challenge Testing. Am J Respir Crit Care Med 2000;161:309 329

2012 ATS Guideline
An Official American Thoracic Society Clinical Practice Guideline: Exercise-induced Bronchoconstriction. Am J Respir Crit Car Med 2013;187:1016-1027

LINE 30 (current 12 minutes requires 27 minutes)
CPT 94621, we are unclear why there were only 12 minutes allocated to line 30. This time is for conducting a pre exercise spirometry and MVV, plus calculating workload. A 12 lead ECG is also obtained.

LINE 31 Assist Physician in performing
CPT 94620 crosswalks to the new CPT 94618 and currently has 6 minutes. 8 minutes is the correct time as the test requires 1 minute for baseline, 6 minutes for exercise and 1 minute for recovery.

CPT 94617 is a different service from 96420. Baseline spirometry is required in addition to spirometry measure at 5, 10, 15 and 30 minutes. Each spirometry takes 9 minutes. 5 spirometries take 45 minutes plus the 10 minutes of exercise for a total for 55 minutes.

LINE 35 Monitoring patient following procedure
CPT 94621 There were no minutes in this code for recovery. The recovery of the patient requires a 1:4 monitor of the patient for 30 minutes' post procedure, therefore 7.5 minutes were added.
CPT 94617 There were five minutes of a 1:1 monitor those were moved to a 1:4 monitor for 2 minutes to represent 8 minute recovery monitor.

LINE 40 (94617, 94618 and 94621)
There were no minutes allocated to any of these codes. Similar to 93015 which have 4 minutes to complete the forms from the exercise testing, we are adding 4 minutes to 94617 and 2 minutes 94618. For 94621 we are adding 1 more minute than the 93015 to make a total of 5 minutesm, as this is a longer procedure with more documentation such as adding the comments from the PF technician and physician, review and edit the anaerobic threshold (AT), delete artifacts, print results and ECG strips and prepare charge sheet.

5. Please describe in detail the clinical activities of your staff:

94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry

Intra-Service Clinical Labor Activities:

- Greet patient, ensure appropriate medical records are available
- Obtain vital signs (Pulse/HR rate, BP, SpO2, height and weight)
- Provide pre-service education/obtain consent
- Prepare room, maintain supplies, prepare the exercise equipment (bicycle ergometer or treadmill) and they calibrate the spirometer.
- Measure spirometry and maximum voluntary ventilation (MVV). Calculate work load.
- Prepare and position patient with tight fitting mask onto the exercise equipment.
- The patient is also educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test.
- Performing the procedure

Post-Service Clinical Labor Activities:

- Monitor pt. following procedure with multitasking of 1:4
- Complete exercise testing report
- Clean/highly disinfect bicycle ergometer or treadmill and work area.
- Provide patient home care instructions, coordinate physician visits

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed

Intra-Service Clinical Labor Activities:

- Obtain vital signs (Pulse/HR rate, BP, SpO2 , height and weight) (duplication with 52% E/M, reduced to 1 minute)
- Provide pre-service education/obtain consent
- Prepare room, equipment, and supplies
- Prepare and position patient, attach the pulse oximeter securely
- Perform the procedure
    - 1 minute for baseline, 6 minutes for exercise and 1 minute for recovery

Post-Service Clinical Labor Activities:

- Monitor pt. following procedure with multitasking of 1:4
- Complete diagnostic forms
- Clean room/equipment (duplication with 52% E/M, reduced to 1 minute)
- Provide patient home care instructions, coordinate physician visit

94621 Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

Intra-Service Clinical Labor Activities:

- Greet patient, ensure appropriate medical records are available
- Obtain vital signs (Pulse/HR rate, BP, SpO2 sat, height, weight)
- Provide pre-service education/obtain consent

The patent performs pre-test spirometry, MVV and undergoes a 12 lead ECG.

- Preservice education of the patient begins with history of activity limitations and level of exertion that the patient is able to perform as well as a review of current medications and recent smoking history. This is needed in order to determine which exercise protocol (level of work) is to be used for the study. The patient is also educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test. The patient will be given an explanation of the equipment used, including the bike and pedal speed/s or treadmill, during the warm up and exercise. An explanation will be given about the monitoring equipment including the mask, pulse oximeter, blood pressure cuff and multiple ECG leads. The patient will need to understand and follow directions while wearing a tight fitting facemask.

- Prepare room, equipment, supplies
    - Typically, the room and equipment are used for standard pulmonary function testing (spirometry, plethysmography, DLCO). The equipment needs to be adapted to perform the CPET. Additionally, the metabolic cart and spirometer requires calibration after the adaptation is made. Ensure that the bicycle ergometer or treadmill is functioning properly and is connected into the system. Ensure that O2, emergency cart and bronchodilator are present in case of an emergency
- Prepare and position patient
    - Preparation of the patient includes prepping the skin and placing electrodes. The patient will positioned for exercise wearing a tight fitting mask and an oximeter.
- Performing the procedure

Post-Service Clinical Labor Activities:

- Monitor pt. following procedure with multitasking of 1:4
- Complete diagnostic forms
- Prepare the report by adding the comments from the PF technician and physician, review and edit the anaerobic threshold (AT), delete artifacts, print results and ECG strips and prepare charge sheet.
- Convert the equipment so that standard pulmonary function testing (spirometry, plethysmography, DLCO) can be performed.
- Calibrate newly adapted equipment.
- Clean room/highly disinfect spirometer and exercise equipment.
- Move exercise equipment away from the PF equipment.
- Provide patient home care instructions, coordinate physician visits

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.**			**94620**		**94617**		**94618** *52 % of time billed with E/M*		**94621**		**▲94621**	
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and		Exercise test for bronchospasm, including pre and post-spirometry and pulse oximetry (94620 has been deleted. To		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when		Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings /	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**	**37.0**	**0.0**	**81.0**	**0.0**	**17.0**	**0.0**	**104.0**	**0.0**	**104.5**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**20.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**	**37.0**	**0.0**	**81.0**	**0.0**	**17.0**	**0.0**	**79.0**	**0.0**	**104.5**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**			**0**		**0**		**5**		**0**	
13	Coordinate pre-surgery services												
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**							**15**		**0**	
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**	**2**		**3**		**0**		**3**		**3**	
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**5**		**5**		**0**		**4**		**5**	
23	Provide pre-service education/obtain consent	**L047C**	**RN/Respiratory**	**5**		**2**		**2**		**5**		**10**	
24	Prepare room, equipment, supplies	**L047C**	**RN/Respiratory**	**2**		**2**		**2**		**20**		**10**	
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV	**L047C**	**RN/Respiratory**	**2**		**2**		**2**		**5**		**5**	
27	Sedate/apply anesthesia												
28	Other Clinical Activity - specify:												
29	**Intra-service**												
30	pre exercise ECG, VC, Min Vent.Calculation by Metabolic computer samples inhaled and exhaled gases for 02, C02, min vol. calculates 02 consumption @15 sec intervals	**L047C**	**RN/Respiratory Therapist**							**12**		**27**	
31	Clinical staff performs procedure	**L047C**	**RN/Respiratory**	**6**		**55**		**8**		**12**		**14**	
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)	**L047C**	**RN/Respiratory Therapist**			**2**						**7.5**	
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	**L047C**	**RN/Respiratory**	**5**		**0**		**0**				**0**	
37	Clean room/equipment by physician staff	**L047C**	**RN/Respiratory**	**3**		**3**		**1**		**15**		**15**	

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.**			**94620**		**94617**		**94618** *52 % of time billed with E/M*		**94621**		**▲94621**	
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and		Exercise test for bronchospasm, including pre and post-spirometry and pulse oximetry (94620 has been deleted. To		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when		Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings /	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
38	Clean Scope												
39	Clean Surgical Instrument Package												
40	Complete diagnostic forms, lab & X-ray requisitions	**L047C**	**RN/Respiratory Therapist**			**4**		**2**				**5**	
41	Review/read X-ray, lab, and pathology reports												
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**	**7**		**3**		**0**		**3**		**3**	
43	Other Clinical Activity - *specify:*												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**												

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.**			**94620**		**94617**		**94618** *52 % of time billed with E/M*		**94621**		**▲94621**	
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and		Exercise test for bronchospasm, including pre and post-spirometry and pulse oximetry (94620 has been deleted. To		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when		Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings /	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
48	**POST-SERVICE Period**												
49	**Start: Patient leaves office/facility**												
50	Conduct phone calls/call in prescriptions	**L037D**	**RN/LPN/MTA**							**5**		**0**	
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*												
59	**End: with last office visit before end of global period**												
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**										
62	electrode, ECG (single)	SD053	item	**10**		**10**				**10**		**10**	
63	swab-pad, alcohol	SJ053	item	**5**		**5**				**15**		**5**	
64	paper, laser printing (each sheet)	SK057	item	**4**		**4**		**2**				**40**	
65	paper, recording (per sheet)	SK059	item							**1**		**1**	
66	razor	SK068	item	**1**		**1**				**1**		**1**	
67	cover, thermometer probe	SB004	item							**1**			
68	filter, pulmonary function filter	SD075	item			**1**				**1**		**1**	
69	gas, test mixture	SD085	liter							**150**		**150**	
70	mouthpiece, respiratory	SD099	item							**1**		**1**	
71	noseclips	SD102	item			**1**				**1**		**1**	
72	tape, surgical paper 1in (Micropore)	SG079	inch							**6**		**6**	
73	thermometer (single use)	SJ057	item							**1**			
74	desiccant-absorber	SL048	item							**1**		**1**	
75	**EQUIPMENT**	**CODE**											
76	pulse oximeter w-printer	EQ211	Line 8 - line 35 +(4*35)	**37**		**87**		**17**				**127**	
77	cardiac monitor w-treadmill (12-lead PC-based ECG)	EQ078	Line 8 - line 35 +(4*35)	**37**		**87**							
78	Vmax 29c (cardio-pulm stress test equip, treadmill, computer system)	EQ042	Line 8 - line 35 +(4*35)							**79**		**127**	
79	Vmax 29s (spirometry testing equip, computer system)	EQ043	Line 8 - line 35 +(4*35)			**87**				**79**			
80													
81													
82													
83													
84													
85													
86													
87													

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.**			**94620**		**94617**		**94618** *52 % of time billed with E/M*		**94621**		**▲94621**	
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and		Exercise test for bronchospasm, including pre and post-spirometry and pulse oximetry (94620 has been deleted. To		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when		Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings /	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**												
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**										
4	**LOCATION**												
5	**GLOBAL PERIOD**												
6	**TOTAL CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**										
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**										
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**										
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047C**	**RN/Respiratory**										
10	**PRE-SERVICE**												
11	**Start: Following visit when decision for surgery or procedure made**												
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**										
13	Coordinate pre-surgery services												
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**										
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**										
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**										
23	Provide pre-service education/obtain consent	**L047C**	**RN/Respiratory**										
24	Prepare room, equipment, supplies	**L047C**	**RN/Respiratory**										
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV	**L047C**	**RN/Respiratory**										
27	Sedate/apply anesthesia												
28	Other Clinical Activity - specify:												
29	**Intra-service**												
30	pre exercise ECG, VC, Min Vent.Calculation by Metabolic computer samples inhaled and exhaled gases for 02, C02, min vol. calculates 02 consumption @15 sec intervals	**L047C**	**RN/Respiratory**										
31	Clinical staff performs procedure	**L047C**	**RN/Respiratory**										
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)	**L047C**	**RN/Respiratory**										
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	**L047C**	**RN/Respiratory**										
37	Clean room/equipment by physician staff	**L047C**	**RN/Respiratory**										

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**												
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**										
4	**LOCATION**												
5	**GLOBAL PERIOD**												
38	Clean Scope												
39	Clean Surgical Instrument Package												
40	Complete diagnostic forms, lab & X-ray requisitions	**L047C**	**RN/Respiratory**										
41	Review/read X-ray, lab, and pathology reports												
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**										
43	Other Clinical Activity - *specify:*												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)												
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)												
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)												
47	**End: Patient leaves office**												

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**												
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**										
4	**LOCATION**												
5	**GLOBAL PERIOD**												
48	**POST-SERVICE Period**												
49	**Start: Patient leaves office/facility**												
50	Conduct phone calls/call in prescriptions	**L037D**	**RN/LPN/MTA**										
51	***Office visits: List Number and Level of Office Visits***												
57	**Total Office Visit Time**												
58	Other Clinical Activity - *specify:*												
59	**End: with last office visit before end of global period**												
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**										
62	electrode, ECG (single)	SD053	item										
63	swab-pad, alcohol	SJ053	item										
64	paper, laser printing (each sheet)	SK057	item										
65	paper, recording (per sheet)	SK059	item										
66	razor	SK068	item										
67	cover, thermometer probe	SB004	item										
68	filter, pulmonary function filter	SD075	item										
69	gas, test mixture	SD085	liter										
70	mouthpiece, respiratory	SD099	item										
71	noseclips	SD102	item										
72	tape, surgical paper 1in (Micropore)	SG079	inch										
73	thermometer (single use)	SJ057	item										
74	desiccant-absorber	SL048	item										
75	**EQUIPMENT**	**CODE**											
76	pulse oximeter w-printer	EQ211	Line 8 - line 35 +(4*35)										
77	cardiac monitor w-treadmill (12-lead PC-based ECG)	EQ078	Line 8 - line 35 +(4*35)										
78	Vmax 29c (cardio-pulm stress test equip, treadmill, computer system)	EQ042	Line 8 - line 35 +(4*35)										
79	Vmax 29s (spirometry testing equip, computer system)	EQ043	Line 8 - line 35 +(4*35)										
80													
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83													
84													
85													
86													
87													

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**												
3	**Meeting Date: October 2016** **Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016** **Specialty: ATS, CHEST**	**CMS Code**	**Staff Type**										
4	**LOCATION**												
5	**GLOBAL PERIOD**												
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

October 2016

Visual Evoked Potential Testing

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 recommended that the specialty societies submit an action plan for January 2016 explaining the high volume growth. In January 2016, the RUC recommended to refer to CPT for May 2016 meeting to define a more specific delineation of test strategy relative to the clinical indication for the study. The specialty societies indicated they may recommend the elevation of Category III code 0333T to Category I. In May 2016, the CPT Editorial Panel revised codes 95930 and 0333T to differentiate visual evoked potential testing and added Category III code 0X66T.

95930 Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, ~~checkerboard or flash,~~ with interpretation and report

The RUC reviewed the survey data from 36 ophthalmology physicians and optometric providers and determined that the current work RVU of 0.35 appropriately accounts for the work required to perform this service. The RUC discussed that the volume growth was likely related to miscoding of other tests using this code.. The survey for revised CPT code 95930 resulted in the same physician time as currently.. However, the specialty society recommended and the RUC agreed, that the pre-service and immediate post-service time should be reduced to reflect that this service is performed on the same day as an Evaluation and Management (E/M) visit. The RUC recommends the following physician time: pre-service time of 2 minutes, intra-service time of 10 minutes, and immediate post-service time of 2 minutes.

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-service time of 10 minutes) and noted that the reference code has the same intra-service time, and the survey respondents indicated that the reference code is somewhat more intense to perform, further justifying this slightly lower valuation. The RUC also compared this service to MPC code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)* (work RVU=0.40, intra-service time of 8 minutes)and determined that these services both require similar physician work and time, thus validating the recommended work RVU. . Of note, the specialty did not provide

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compelling evidence to increase the work RVU of this code so the recommendation is for maintenance of the current value, although it is less than the 25th percentile of the survey data. **The RUC recommends a work RVU of 0.35 for CPT code 95930.**

Practice Expense:
The Practice Expense Subcommittee reviewed the recommended direct PE inputs and made several modifications. First, it was determined that the clinical staff type was not typically an EEG tech (L047B) but rather a blend (COMT/COT/RN/CST, L038A). In addition, the Subcommittee added the proper exam chair in the equipment (chair with headrest, exam, reclining, EF008). Finally, it was noted that this code is commonly billed with an ophthalmology Evaluation and Management (E/M) service and any potential duplication was addressed. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Neurology and Neuromuscular Procedures** **Evoked Potentials and Reflex Tests**				
▲95930	L1	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, ~~checkerboard or flash,~~ with interpretation and report (For visual evoked potential testing for glaucoma, use 0X66T) *(For screening of visual acuity using automated visual evoked potential devices, use 0333T)*	XXX	0.35 (No Change)

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Category III				
▲0333T	-	Visual evoked potential, screening of visual acuity, automated, with report (For visual evoked potential testing for glaucoma, use 0X66T)	YYY	N/A
●0464T	-	Visual evoked potential, testing for glaucoma, with interpretation and report (For visual evoked potential screening for visual acuity, use 0333T)	YYY	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95930 Tracking Number Original Specialty Recommended RVU: **0.35**
Presented Recommended RVU: **0.35**
Global Period: XXX RUC Recommended RVU: **0.35**

CPT Descriptor: . Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30-year-old female complaining of intermittent bilateral extremity weakness and past history of transient loss of vision in one eye. Physical examination is suspicious for central nervous system (CNS) impairment, but the eye and vision exams were normal. Visual evoked potentials (VEP) are requested to evaluate the history of two weeks of diminished vision in the left eye one year ago, as possible optic neuritis.

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? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discuss with attending physician patient's need for rest as well as any other requirements. Instruct technician regarding performance of the test and/or any special techniques that may be required.

Description of Intra-Service Work: Review pages containing printed results of brain electrical activity measurements and interpret this information.

Description of Post-Service Work: Generate report based on findings and discuss with attending physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	David Glasser, M.D AAO		
Specialty(s):	Ophthalmology (AAO/NANOS), Optometry (AOA), and Neurophysiology (ACNS)		
CPT Code:	95930		
Sample Size:	2123	**Resp N:** 36	**Response:** 1.6 %
Description of Sample:	A random sample of members were pulled from the AAO, NANOS, AOA and ACNS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	5.00	**15.00**	26.25	300.00
Survey RVW:	0.20	0.50	**0.70**	1.26	3.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	16.25	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95930	**Recommended Physician Work RVU: 0.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg;, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92014	XXX	1.42	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
92082	XXX	0.40	**RUC Time**	148,404

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	94,712

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

Other Reference CPT Code	Global	Work RVU	Time Source
92286	XXX	0.40	**RUC Time**

CPT Descriptor Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 95930	Top Key Reference CPT Code: 92083	2nd Key Reference CPT Code: **92014**
Median Pre-Service Time	2.00	3.00	5.00
Median Intra-Service Time	10.00	10.00	24.00
Median Immediate Post-service Time	2.00	0.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**14.00**	**13.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.75	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.20
Urgency of medical decision making	0.42	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.08	1.20

Physical effort required	0.83	-0.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.33	0.00
Outcome depends on the skill and judgment of physician	0.42	1.20
Estimated risk of malpractice suit with poor outcome	0.33	0.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.83	-0.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 95930 *Visual evoked potential (VEP) testing central nervous system except glaucoma, checkerboard or flash* is an XXX procedure that was identified as potentially misvalued due to rapid growth in volume. It was last reviewed by the RUC in 1995.

Historically, the procedure has been performed almost exclusively in academic medical centers for the evaluation of optic nerve disease of CNS origin (e.g. multiple sclerosis). Recent growth in utilization paralleled expanded clinical indications such as pre-perimetric identification of glaucoma and other visual disorders of the afferent visual pathway in both children and adults. In anticipation of a bimodal pattern of utilization for each population, the AAO developed a Category III code (*0333T, Visual evoked potential, screening for visual acuity, automated*), which was placed in CPT in 2014 for detection of amblyopia. As expected, use of VEP increased during development of the new category 3 code. Unexpectedly, a significant component of the increased utilization in the Medicare population was for diagnoses such as glaucoma. VEP use for glaucoma diagnosis likely also was accelerated by the availability of more compact and more automated instruments adapted for testing in the office setting. We also suspect that much of the new use coded as "optic nerve disease" also represents glaucoma, a form of optic neuropathy. At the May 2016 CPT meeting a new code for the more automated VEP testing used for glaucoma was accepted and will be moving forward for next year.

Our survey of 95930 was targeted for its original intended utilization for MS and other central nervous disorders. In this non-automated test, a technologist applies electrodes to the patient's scalp, patches one eye at a time, and records brain electrical activity while the patient watches a checkerboard on a projector or television screen. The pattern reverses black for white repeatedly and brain electrical activity is measured after each pattern reversal. Approximately 300 to 400 pattern reversals are performed for each eye, tested separately. A physician then interprets the averaged measurements.

A random survey of AAO, AOA, NANOS and ACNS members had 36 respondents, 92% of whom found the vignette typical. The median WRVU was 0.70 and the 25th percentile was 0.50. Median IST was 10 minutes. The current value of the code is 0.35 WRVU. The primary reference service, chosen by 33%, 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 14%, was 92014, *Ophthalmological services:*

medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits (RUC February 2007) with a WRVU of 1.42 and 24 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 95930. The intensity and complexity metrics for the surveyed code were slightly higher than those of the reference codes in all cases except physical effort and overall intensity/complexity, where the metrics were slightly higher for 92014.

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 10 minutes is unchanged from the current value. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 5 minutes to 2 minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. There is no compelling evidence for an increase in value. **We therefore recommend 0.35 WRVU, the current value of the code and below the survey's 25th percentile.**

This value is supported by MPC code 92082 *Visual field… intermediate examination* (RUC April 2010) with 0.40 WRVU, an IST of 8 minutes and total time of 11 minutes. The value is also supported by CPT codes 92286, *Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis* (RUC April 2012) with 0.40 WRVU, an IST of 10 minutes and total time of 15 minutes, CPT 92550, *Tympanometry and reflex threshold measurements* (RUC April 2009) with 0.35 WRVU, an IST of 10 minutes and total time of 16 minutes, and CPT 92541, *Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording* (RUC April 2014) with 0.40 WRVU, and IST of 10 minutes and total time of 16 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	4.	92002	5	15	5	25	.88	XXX
5.	5.	92004	5	25	10	40	1.82	XXX
6.	6.	92012	5	15	5	25	.92	XXX
7.	7.	92014	5	24	8	37	1.42	XXX
8.	8.	99212	2	10	4	16	.48	XXX
9.	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) 95930

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalomology How often? Commonly

Specialty Optometry How often? Commonly

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 131812
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 69886 Percentage 53.01 %

Specialty Optometry Frequency 48190 Percentage 36.55 %

Specialty Neurology Frequency 8541 Percentage 6.47 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 87,875 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 46591 Percentage 53.01 %

Specialty Optometry Frequency 32127 Percentage 36.55 %

Specialty Neurology Frequency 5694 Percentage 6.47 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
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 95930

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	95930	**# of Respondents:**	36
Survey Code Descriptor:	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, ~~checkerboard or flash,~~ with interpretation and report		

Top Ref Code:	92083	**# of Respondents:**	12	**% of Respondents:**	33%
Top Ref Code 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)				

		Survey Code Compared to Top Ref Code Survey Code is: 92083				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	8%	34%	50%	8%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		25%	33%	42%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		33%	25%	42%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		25%	50%	25%		
Technical Skill:		**Less**	**Identical**	**More**		
		8%	17%	75%		
Physical Effort:		**Less**	**Identical**	**More**		
		33%	42%	25%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		8%	84%	8%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	58%	42%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	17%	83%		

SS Rec Summary

ISSUE: Visual Evoked Potential Testing

TAB: 11

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	92083	Visual Field Examination		0.043			0.50			13	3					10																						
2nd REF	92014	Comprehensive eye exam, established patient		0.047			1.42			37	5					24			8																				
CURRENT	95930	Visual evoked potential (VEP) testing		0.001			0.35			25	5					10			10																				
SVY	95930	Visual evoked potential (VEP) testing	36	0.036	0.20	0.50	0.70	1.26	3.50	25	5			0	5	10	16	60	10																				
REC	95930	Visual evoked potential (VEP) testing		0.026			0.35			14	2					10			2																				

Tab 11
Tab Number

Visual Evoked Potential
Issue

95930
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

September 6, 2016
Date

TAB 11
Tab Number

VEP
Issue

95930
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

CHARLES FITZPATRICK MD
Printed Signature

AOA
Specialty Society

8-27-16
Date

11

Tab Number

VISUAL EVOKED POTENTIAL TESTING

Issue

95930, 0333T, & 0X66T

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

MARK SHIREY, O.D

Printed Signature

AMERICAN OPTOMETRIC ASSOCIATION

Specialty Society

8/30/2016

Date

Tab 11
Tab Number

Visual Evoked Potential
Issue

95930
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

MARC NUWER
Printed Signature

Amer Clin. Neurophysiol. Soc.
Specialty Society

September 6, 2016
Date

CPT Code: 95930
Specialty Society('s) American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Visual evoked potential (VEP) testing central nervous system, checkerboard or flash

Global Period: _XXX_ Meeting Date: _October, 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 queried other physicians who have the appropriate expertise 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: Current code (95930).

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:

- Prepare room, equipment, supplies: **2 min**
  - This time is spent preparing the new room where the evoked potential machine is housed, entering patient demographic information into the machine, and preparing the electrodes and equipment. It is in excess of the E&M visit.
- Greet patient, provide gowning, ensure appropriate medical records are available: **1 min**
  - This time is spent with the technician transporting the patient from the room where the E&M service was performed to the room where the evoked potential machine is housed.
- Provide pre-service education/obtain consent: **1 min**
  - The patient is informed of this procedure and educated regarding the proper positioning and performance in order to obtain accurate readings. This education occurs in the room that houses the evoked potential machine, is more technical and instructional in nature, and is in excess of the time spent educating during the E&M.
- Other Clinical Activity: Set up machine with testing parameters: **2 min**
  - Based on the VEP strategy decision made by the physician, the technician will now have to enter the visual stimuli and testing parameters to execute the appropriate test for the patient.
- Prepare and position patient/ monitor patient: **2 min**

  - This time is spent positioning the patient for the evoked potential. The patient is placed in a relaxed, seated position, and the video monitor, which is on an extendable arm is brought into alignment with the right eye. The left eye is covered with a patch. The patient's pupil is aligned with the center of the monitor, and the signal is tested for accurate alignment.
- Other Clinical Activity: measure and mark head. Apply electrodes: **4 min**
  - This time is spent carefully measuring the patient's head and marking the location where electrodes should be placed, parting the hair, prepping the scalp, then placing the electrodes on the scalp using conductive gel. The electrodes are then draped so they are out of the way for testing, and are plugged into the port, which is typically draped around the patient's neck in a necklace fashion.
- Other Clinical Activity: Check impedance and signal strength, reapply as needed: **1 min**
  - This time is spent ensuring that the signal is adequate and reliable.

Intra-Service Clinical Labor Activities:

- Perform Test: **21 minutes**
  - This time is spent executing the visual evoked potential. Patient data is acquired utilizing appropriate test patterns. The technician records brain electrical activity while the patient watches different patterns such as an alternating checkerboard on a projector or television screen. The pattern reverses black for white repeatedly and brain electrical activity is measured after each pattern reversal. Approximately 300 to 400 pattern reversals are needed for each eye, tested separately. The brain electrical activity measurements are averaged and saved for interpretation by a physician.
  - Data is replicated. Troubleshooting occurs. Blinking can invalidate the results. Very subtle movements can also invalidate the findings of this test, so after the initial positioning, subtle re-positioning movements are performed with the monitor to keep it aligned with the visual axis continually during the entire testing period. Any tremor or difficulty holding still adds significant time to the testing period. The patch is then placed over the right eye, the monitor is re-positioned in front of the left eye, and the signal is re-checked, ensuring accurate alignment, and the left eye is tested. Waveforms are recorded. Additional data is collected as needed. Data worksheets are completed and technical interpretation is performed and recorded.

Post-Service Clinical Labor Activities:

- Remove electrodes from patient's scalp and clean gel from patient's hair: **3 min**
  - Electrodes are removed and coupling gel is carefully cleaned and removed from the patient's hair.
- Clean room/equipment by staff: **3 min**
  - The room and instruments are cleaned. Any coupling gel is carefully cleaned up from instrumentation.
- Complete diagnostic forms, lab & X-ray requisitions: **2 min**
  - This time is used to complete data worksheets, billing forms, and test reports, as well as inserting the technical interpretation, including reliability of data and patient's performance during the test. The data are prepared for physician interpretation.
- Review examination with interpreting MD: **2 min**
  - This time is spent reviewing the results with the ordering physician to ensure no further testing is necessary and to communicate any variations that may have occurred during test acquisition.

Of note, we have calculated equipment times with the recommendation that this is *not* highly technical equipment. The equipment is typically not easily portable, is housed in one room, and is not in the price range of other "highly expensive equipment."

	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.**			**95930**		**95930**	
3	**Meeting Date: 10/2016** **Tab: 11; Visually Evoked Potential Testing** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash		Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**84.0**	**0.0**	**44.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**14.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**67.0**	**0.0**	**44.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**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**			
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility	L038A	COMT/COT/RN	**2**			
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN	**5**			
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/RN	**2**			
17	Availability of prior images confirmed						
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist						
19	Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/RN	**3**		**1**	
24	Obtain vital signs						
25	Provide pre-service education/obtain consent	L038A	COMT/COT/RN	**1**		**1**	
26	Prepare room, equipment, supplies	L038A	COMT/COT/RN	**5**		**2**	
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/RN	**2**		**2**	
29	Sedate/apply anesthesia						
30	Other Clinical Activity - specify: measure visual acuity, establish testing strategy.	L038A	COMT/COT/RN	**2**			
31	Other Clinical Activity - specify: set up machine with testing parameters	L038A	COMT/COT/RN	**2**		**2**	
32	Other Clinical Activity - specify: measure and mark head. Apply electrodes.	L038A	COMT/COT/RN	**4**		**4**	
33	Other Clinical Activity - specify: check impedance and signal strength, reapply as needed	L038A	COMT/COT/RN	**1**		**1**	
34	**Intra-service**						
35	Perform test - collect patient data utilizing appropriate test patterns. Replicate data. Troubleshoot. Repeat on other eye. Store data. Mark waveforms. Collect additional data if needed.	L038A	COMT/COT/RN	**33**		**21**	
36	**Post-Service**						
37	Monitor pt. following moderate sedation						
38	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
39	Clean room/equipment by physician staff	L038A	COMT/COT/RN	**3**		**3**	
40	Clean Scope						
41	Clean Surgical Instrument Package						
42	Complete diagnostic forms, lab & X-ray requisitions	L038A	COMT/COT/RN	**2**		**2**	
43	Review/read X-ray, lab, and pathology reports						
44	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
45	Technologist QC's images in PACS, checking for all images, reformats, and dose page						
46	Review examination with interpreting MD	L038A	COMT/COT/RN/CST	**1**		**2**	
47	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue						
48	Other Clinical Activity - *specify: Remove electrodes from patient's scalp and clean gel from patient's hair*	L038A	COMT/COT/RN/CST	**3**		**3**	
49	Other Clinical Activity - *specify: Release patient. Give discharge instructions*	L038A	COMT/COT/RN/CST	**3**			
50	Other Clinical Activity - *specify: Prepare data for interpretation. Archive data.*	L038A	COMT/COT/RN/CST	**2**			
51	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**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.**			**95930**		**95930**	
3	**Meeting Date: 10/2016** **Tab: 11; Visually Evoked Potential Testing** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash		Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
52	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
53	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**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	L038A	COMT/COT/RN	**3**			
58	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
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**
65	Other Clinical Activity - *specify:*						
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**			
69	gloves, non-sterile	SB022	pair			**1**	
70	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**			
71	needle, blunt tip	SC034	item	**1**			
72	syringe 3ml	SC055	item	**1**			
73	electrode, ground	SD059	item	**1**		**1**	
74	electrode, EGG (single)	SD166	item	**4**		**2**	
75	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**			
76	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**24**		**8**	
77	collodion (2oz uou)	SJ014	item	**1**			
78	electrode conductive gel	SJ020	ml	**1**		**1**	
79	electrode skin prep gel (NuPrep)	SJ022	ml	**10**		**10**	
80	applicator, cotton-tipped, non-sterile 6in	SG008	item			**2**	
81	eye pad, sterile, strabismus	SG046	item			**1**	
82	gauze, non-sterile 2in x 2in	SG050	item			**1**	
83	swab-pad, alcohol	SJ053	item	**2**		**2**	
84	measuring tape, paper	SK048	item	**1**			
85	paper, recording (per sheet)	SK059	item	**6**			
86	acetone	SL001	ml	**15**			
87	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**	
88							
89	**EQUIPMENT**	**CODE**					
90	air compressor, safety	EQ047		**67**			
91	chair with headrest, exam, reclining	EF008		**67**		**44**	
92	EMG-NCV-EP system, 8 channel	EQ024		**67**		**44**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 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 January 2017 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 and the Research Subcommittee will review the unique survey plan and survey tool before it is launched. The RUC also recommended inclusion of a proposed G code, GPXXX, which was noted in the 2016 Notice of Proposed Rule Making, to be included in the survey for this issue if it remains in the Final Rule that is published on or around November 1, 2016.

The RUC recommends deferral of the valuation of CPT codes 99492, 99493, 99494, and 99484 to the January 2017 RUC meeting.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management				
Care Management Services				
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				

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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 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----------

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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.

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 profession 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).

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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 profession, 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

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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	76-105 minutes	99493 X 1 AND

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	plus each additional increment up to 30 minutes	(1 hr. 16 minutes – 1 hr. 45 minutes)	99494 X 1	
●99492	A1	**Initial psychiatric collaborative care management,** 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: • outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; • initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; • review by the psychiatric consultant with modifications of the plan if recommended; • 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 • provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	XXX	Deferral to Jan 2017 RUC meeting

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●99493	A2	**Subsequent psychiatric collaborative care management,** 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: • tracking patient follow-up and progress using the registry, with appropriate documentation; • participation in weekly caseload consultation with the psychiatric consultant; • 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; • additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; • provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; • 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.	XXX	Deferral to Jan 2017 RUC meeting

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●✚99494	A3	**Initial or subsequent psychiatric collaborative care management**, 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) (Use 99494 in conjunction with 99492, 99493)	ZZZ	Deferral to Jan 2017 RUC meeting
Coding Tips 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. 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.				
●GPPPX	A4	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month.	XXX	Deferral to Jan 2017 RUC meeting

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July 22, 2016

Peter Smith, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
AMA Plaza
330 North Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Re: Psychiatric Collaborative Care Management Services (994X1-994X3)

In light of the proposals in the recent NPRM on Revisions to Payment Policies under the Physician Fee Schedule for CY 2017, the societies surveying the Psychiatric Collaborative Care Management Services codes (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) would like to delay survey and presentation of our RUC recommendations until the January 2017 RUC meeting. This would allow us to review and alter (as noted below) our survey pending the release of the Final Rule due out later this year.

The reasons for the delay are to consider and incorporate the following:

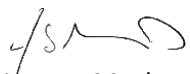
A. CMS has proposed coverage and payment of several existing CPT codes; we would like to reconsider our reference service lists once CMS has finalized the values.

B. We believe that the GPPPX code should be part of the survey if CMS finalizes it, in order to ensure rank order with the survey participants, and

C. We have not been able to identify the minimum number of PCPs and Behavioral Health Care Managers with knowledge or experience in providing these services. Our numbers for PCPs and Care Managers are still under 20. This will give us more time to try to increase the number of people in the survey pool.

The most important reason is that CMS has introduced a new code, GPPPX, for "Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month." We believe this falls within the same family of services described by the Psychiatric Collaborative Care Management Services. We think these codes should be surveyed together as a family in order to avoid a possible rank order anomaly. Should CMS finalize the GPPPX code in the Final Rule we would want to include it as part of our survey process. We also wonder if the Emerging CPT and RUC Issues Workgroup will review and comment on the GPPPX code. Our societies plan to send detailed comments to CMS regarding the code description including one or more vignettes, parenthetical information designed to clarify the appropriate patient population and other suggestions for appropriate use of the new code.

Thank you,



Jeremy Musher, MD
APA Advisor, AMA RUC

Cc: Douglas Leahy, MD
Margie Andreae, MD
Sherry Barron Seabrook, MD
Jennifer Aloff, MD
Donna Sweet, MD
John Agens, MD

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes*
****Harvard Valued – Utilization Over 30,000****
****High Volume Growth****
CMS Fastest Growing screen

October 2016

Injection for Knee Arthrography

The RUC reviewed the extensive history of this procedure. It was first identified in April 2008 under the High Volume Growth screen. Since then, it has been identified by five additional screens and the volume has continued to grow. In the last ten years the utilization has gone from roughly 7,000 to over 130,000. At the February 2014 CPT Editorial Panel meeting the specialty societies submitted a Code Change Application (CCA) to try and address the issue. The Panel approved editorial revisions replacing the term "procedure" for "of contrast." This revision to the descriptor clarified that the correct use of 27370 is to describe the injection of contrast into the knee joint space for arthrography only. This change however has not stemmed the rise in utilization for this procedure.

The specialty societies explained 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). The RUC extensively discussed the appropriate options to address the rising inappropriate utilization of this procedure. The RUC noted that deleting this code and then bundling it into the arthrography base procedures would not be ideal because it would involve edits to over 70 codes. The RUC also discussed that this procedure could become an add-on code. However, the RUC came to agreement that this code should be referred to CPT for deletion and replacement with a new code. The members agreed that this is the most efficient way to stem the rising inappropriate volume. **The RUC recommends that CPT code 27370 be referred to the CPT Editorial Panel for deletion and be replaced with a new code.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27370	Injection of contrast for knee arthrography	000	Refer to CPT Editorial Panel

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Staff Note:

Summary

CPT code 27370 has a long history of being identified in various RAW/CMS screens. Due to the CPT Editorial Panel edits for 2015, the specialty societies were waiting for 2015 Medicare claims data to be available to determine if the changes affected the growing number of miscoded claims. While these data were not listed in the specialty societies' letter, the data below shows the shifting specialty utilization for CPT code 27370.

It is clear that the CPT language changes in 2015 were ineffective in stemming the flow of inappropriate utilization and in fact utilization exploded in 2015. Given that this code has been identified by so many screens over the years, the RUC needs to determine the appropriate next steps to ensure the misuse of code 27370 is addressed and the value is appropriate.

History

1. **April 2008 – High Volume Growth screen**
    - In 2004, Medicare issued a national coverage decision that clarified correct coding and reimbursement for knee examinations and concurrently issued a non-coverage determination for arthroscopic lavage and arthroscopy debridement of the knee. As a result, physicians began to use injection procedures for knee arthrography. The Workgroup agreed with the specialty society that the increase in utilization reflects a shift away from arthroscopic lavage and arthroscopic debridement after the 2004 Medicare NCD decision. The Workgroup also agreed that this is the appropriate way to report such procedures and does not reflect any misvaluation of the service.
    - The RUC accepted the action plan of the specialty society and recommended that 27370 and 73580 be removed from this screen with no further action at this time.

2. **February 2009 – CMS Fastest Growing screen**
    - The specialty commented that these codes were reviewed through the RUC's high volume growth screen and removed from the screen. The increase in utilization is due to a non-coverage decision for arthroscopic lavage. Physicians use these codes to report different procedures.
    - The RUC recommended that these be referred to CPT for possible deletion of 73580 and 27370 and creation of a new code accurately describing the procedure that is being performed, including the radiologic guidance in the procedure codes.

3. **October 2009 – RAW Review of Outstanding Referrals to CPT**
    - The Workgroup reviewed the list of codes which were previously referred to the CPT Editorial Panel, but were still outstanding. The AAOS indicated they began work on a CPT code change proposal for codes 27370 and 73580 and it became apparent that CPT coding changes may not be appropriate. In reviewing the descriptors and the RVU information for 27370 and 73580 in relation to other arthrography injection and arthrography radiological supervision codes, it is apparent that 27370 and 73580 have descriptors and values that are very similar to other codes in the family. Any change in the nomenclature would result in potential inconsistencies when compared to the codes for other body parts and a change in RVUs might result in rank order anomalies between 27370 and 73580 and other similar codes. Therefore, the specialty society indicated they were not comfortable proposing changes to these two codes. The wording of 27370 and 73580 matches the descriptors for the other arthrography injection and radiological supervision codes. This makes it inadvisable to make any coding changes to these two codes in a stand-alone fashion.
    - AAOS also indicated Orthopaedic surgery is the dominant provider for 27370 (50.7%) and 73580 (57.6%). Orthopaedic surgery is not, however the dominant provider for many of the other codes in the family. AAOS was reluctant to proceed with CPT coding recommendations that might affect codes for which orthopaedic surgery is not the major provider. For any CPT coding changes, we would recommend review of the entire family, which would involve several specialties. The same would be true of a review of the entire family for work values by the RUC.

- The specialty society believed the volume growth has been driven by other factors-of which, the shift in practice patterns from lavage and debridement to viscosupplementation is the most likely explanation and requested that the RAW consider removing 27370 and 73580 from their screen.
- The Workgroup agreed and recommended that the specialty society create a CPT Assistant article to address misuse reporting of arthrography codes. *Clinical Examples of Radiology Bulletin #1 2010*

4. **October 2013 - High Volume Growth screen (second iteration)**
    - The RUC recommended that the specialty societies survey 27370 for January 2014, and the RAW re-review claims data in 3 years (Sept 2017) to make sure primary care is no longer reporting this service.

5. **January 2014 RUC Meeting**
    - ACR and AAOS indicated that they did not survey CPT code 27370 because a Code Change Proposal (CCP) was submitted and will be discussed at the February 2014 CPT meeting.

6. **February 2014 CPT Meeting:**
    - At the February 2014 CPT Editorial Panel meeting, the specialty societies submitted a Code Change Proposal (CCP) 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).

7. **July and November 2015 - CMS High Expenditure Codes (second iteration)**
    - In July 2015, CMS identified CPT code 27370 and finalized their request for review in the Final Rule for 2016.

8. **October 2015 - Harvard valued codes with utilization over 30,000 and High Volume Growth (third iteration)**
    - AMA Staff re-ran the Harvard valued codes with utilization over 30,000, based on 2014 Medicare claims data, and identified CPT code 27370. The Workgroup noted that CPT code 27370 will be placed on the next Level of Interest form for survey (April 2016).

9. **April 2016 RUC Meeting**
    - When CPT code 27370 was identified by CMS as potentially misvalued in the 2016 MPFS NPRM, in October of 2015, the ACR shared with AMA staff their expected calendar for review of the codes in the NPRM. The ACR indicated it was their intention to survey this code in October of 2016. However, the code appeared on the LOI for the April 2016 RUC meeting. The ACR reiterated that they intended to survey CPT code 27370 for the October 2016 meeting and is not presenting recommendations at the April 2016 RUC meeting.

Review of Medicare Claims Data

CPT Code	2005	2007	2009	2011	2013	2015
27370	7,289	13,054	17,371	31,045	83,321	133,059

2005	
Specialty Description	Pct
ORTHOPEDIC SURGERY	34%
DIAGNOSTIC RADIOLOGY	27%
PHYSICAL MED AND REHAB	13%
ANESTHESIOLOGY	10%
INTERVENT. PAIN MGMT	3%
FAMILY PRACTICE	3%
PAIN MANAGEMENT	3%
IDTF	2%
INTERVENTIONAL RADIOLOGY	1%
PREVENTIVE MEDICINE	1%

2007	
Specialty Description	Pct
ORTHOPEDIC SURGERY	51%
DIAGNOSTIC RADIOLOGY	18%
PHYSICAL MED AND REHAB	9%
INTERVENT. PAIN MGMT	5%
ANESTHESIOLOGY	4%
PAIN MANAGEMENT	3%
GENERAL PRACTICE	3%
FAMILY PRACTICE	2%
INTERNAL MEDICINE	1%
PHYSICIANS ASSISTANT	1%

2009	
Specialty Description	Pct
ORTHOPEDIC SURGERY	45%
DIAGNOSTIC RADIOLOGY	16%
INTERVENT. PAIN MGMT	11%
PHYSICAL MED AND REHAB	9%
ANESTHESIOLOGY	8%
PHYSICIANS ASSISTANT	4%
FAMILY PRACTICE	2%
EMERGENCY MEDICINE	1%
PAIN MANAGEMENT	1%
IDTF	1%

2011	
Specialty Description	Pct
ORTHOPEDIC SURGERY	24%
FAMILY PRACTICE	20%
PHYSICAL MED AND REHAB	11%
DIAGNOSTIC RADIOLOGY	10%
INTERVENT. PAIN MGMT	7%
PAIN MANAGEMENT	6%
INTERNAL MEDICINE	5%
PHYSICIANS ASSISTANT	5%
GENERAL PRACTICE	4%
ANESTHESIOLOGY	4%

2013	
Specialty Description	Pct
FAMILY PRACTICE	41%
PHYSICAL MED AND REHAB	11%
GENERAL PRACTICE	8%
DIAGNOSTIC RADIOLOGY	8%
ORTHOPEDIC SURGERY	7%
INTERNAL MEDICINE	7%
PHYSICIANS ASSISTANT	5%
EMERGENCY MEDICINE	3%
INTERVENT. PAIN MGMT	2%
UROLOGY	2%

2015	
Specialty Description	Pct
PHYSICAL MED AND REHAB	23%
DIAGNOSTIC RADIOLOGY	16%
FAMILY PRACTICE	13%
GENERAL PRACTICE	10%
OBSTETRICS/GYNECOLOGY	7%
ORTHOPEDIC SURGERY	7%
PAIN MANAGEMENT	6%
ANESTHESIOLOGY	5%
UROLOGY	3%
NUCLEAR MEDICINE	2%

ACR
American College of Radiology
Quality is Our Image

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September 14, 2016

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Re: Tab 12, Injection for Knee Arthrography (27370)

Dear Dr. Smith:

CPT Code 27370 *(Injection procedure for knee arthrography)* has been identified on multiple screens, including:

- the April 2013 Relativity Assessment Workgroup (RAW) screen for all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011;
- a 2015 RUC screen for Harvard Valued codes with utilization over 30,000; and,
- CMS High Expenditure and potentially mis-valued codes list for 2016.

We believe mis-coding explains the growth of this code.

Initially, we thought this issue could be addressed with an editorial change at CPT. At the October 2013 CPT meeting, the descriptor of code 27370 was revised from *"injection procedure for knee arthrography"* to *"injection <u>of contrast</u> for knee arthrography."* This edit was reflected in the 2015 CPT manual. We believed that this change had the potential to significantly decrease the utilization of this code. We were wrong. Utilization for 2015 continued to increase (greater than 30%).

Our position is that this code is not mis-valued. It is being mis-used.

An analysis of the subspecialties reporting this code supports this position. For an arthrography injection code, the expected specialties of radiology and orthopedic surgery amount to only 23% of the reported volume. Family practice, physical medicine and rehabilitation, internal medicine, obstetrics/gynecology, anesthesiology, general practice, and pain management account for 65% of utilization. These seven specialties would be expected to be treating patients with pain injections for treatment of osteoarthritis, which is the most commonly billed diagnosis at 92%. This should be coded using 20610 *(Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance),* which has a utilization of 6,375,516 for 2015 compared with 131,272 for 27370. It only requires a small fraction of providers to unintentionally use 27370 to achieve the utilization numbers we see in the Medicare database for 27370.

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202-223-1670

CLINICAL RESEARCH
1818 Market St., Suite 1600
Philadelphia, PA 19103-3609
215-574-3150

The ACR and AAPM&R initially indicated our intention to survey this code for the October 2016 meeting. However, it is our position that surveying this code for the purposes of validating physician work is not going to address its inclusion on both the RUC and CMS screens. The utilization of this code may be addressed in multiple other ways, including either local or national coverage decisions through the Medicare Contractors or CMS using physician specialty as a screen. Because we believe this is fundamentally a payment policy issue, we are recommending deferral of survey and request guidance from the RUC on the next best steps to address the problem.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor



Matthew Grierson, MD
AAPM&R RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 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 submitted revised vignettes to the Research Subcommittee for approval. Additionally, the Research Subcommittee reviewed the 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 specialty societies did not consider these low volume services (29582-29584) as part of the same family and there was no interest by other specialty societies to survey these codes. CMS continued to question the review of 29584 as part of the family. The specialty societies reiterated that this is a separate body area/separate code family and did not express an interest in surveying these services.

29580 Strapping; Unna boot
The RUC reviewed the survey data from 93 podiatrists and surgeons and determined that the current work RVU of 0.55 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: pre-service time of 7 minutes, intra-service time of 11 minutes, and immediate post-service time of 5 minutes. To validate a work RVU of 0.55, the RUC compared the survey code to top key reference code 29515 *Application of short leg splint (calf to foot)* (work RVU=0.73, intra-service time of 15 minutes) and noted that the survey code has slightly lower intra-service time, thus requiring slightly less physician work. In addition, the RUC compared the surveyed code to MPC codes 46600 *Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU=0.55, intra-service time of 5 minutes) and 69210 *Removal impacted cerumen requiring instrumentation, unilateral* (work RVU=0.61, intra-service time of 10 minutes) and determined that both reference codes have similar physician time and work and provide appropriate magnitude estimation to the recommended value. **The RUC recommends a work RVU of 0.55 for CPT code 29580.**

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29581 Application of multi-layer compression system; leg (below knee), including ankle and foot

Compelling Evidence:
The RUC discussed compelling evidence for CPT code 29581. Code 29581 *Application of multi-layer venous wound compression system, below knee* was approved for CPT 2010. The service was surveyed in April 2009 by SVS, ACS, APMA, and APTA and following review of a robust survey, the RUC recommended the survey 25th percentile work RVU of 0.60 (compared to Unna boot work RVU of 0.55). In the Final Rule for 2010, CMS agreed with the RUC recommendation.

In February 2010, a device manufacturer requested modification of code 29581 to remove reference to venous wound. They indicated that multilayer compression systems are used for other purposes including edema. In June 2010, the CPT Editorial Panel accepted the device manufacturer revised proposal, including creation of new codes 29582, 29583, and 29584. Since the revision to 29581 was editorial and the code was just surveyed in 2009, only the new codes (29582, 29583, 29584) were surveyed and only by the American Physical Therapy Association. The survey results were reviewed by the HCPAC. Very few responses were obtained (14-19) and for 2 codes, the median experience was zero. The rationale in the RUC database indicates that the HCPAC considered the society recommended times and crosswalks to physical therapy codes that are time based (i.e., each 15 minutes).

Flawed methodology in previous valuation:
In the Final Rule for 2012, CMS accepted the HCPAC recommendations for 29582, 29583, and 29584, which were based on expert panel crosswalk recommendations. Further, CMS determined that code 29581 should be relative to these three codes and CMS reduced the work RVU for 29581 from 0.60 to 0.25, which resulted in a negative IWPUT (-0.0013).

Given the history of Unna boot and the previous robust survey of 29581, the specialty societies indicated that the CMS work RVU reduction for 29581 was based on a flawed methodology. The RUC approved that this code met the requirements for compelling evidence based on the previous valuation method being flawed.

The RUC reviewed the survey data from 89 podiatrists and surgeons for CPT code 29581 and determined that the current work RVU of 0.60, which is lower than the survey 25th percentile, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: pre-service time of 7 minutes, intra-service time of 13 minutes, and immediate post-service time of 5 minutes. To validate a work RVU of 0.60, the RUC compared the survey code to top key reference code 29405 *Application of short leg cast (below knee to toes);* (work RVU =0.80, intra-service time of 15 minutes) and noted that the survey code has slightly lower intra-service time, and the survey respondents indicated that the survey code is identical to somewhat more intense to perform, further justifying this valuation.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC also compared the surveyed code to the second key reference service 29515 *Application of short leg splint (calf to foot)* (work RVU=0.73, intra-service time of 15 minutes) and determined that since the reference code has slightly more intra-service time, it should be valued higher. The RUC also compared the surveyed service to MPC code 69210 *Removal impacted cerumen requiring instrumentation, unilateral* (work RVU=0.61, intra-service time of 10 minutes), and noted that while code 29581 has slightly more intra-service time, this MPC code is a more intense procedure and it accurately valued nearly identical to the survey code. **The RUC recommends a work RVU of 0.60 for CPT code 29581.**

Practice Expense:
The Practice Expense Subcommittee reviewed the recommended direct PE inputs and noted that the current clinical staff time to assist the physician in performing the procedure is less than the physician intra-service time for both codes. However, now both codes will match the intra-service time. The specialties explained that the current time is in error. The staff is assisting the physician throughout the entire procedure including removal of the strapping and during the patient evaluation and strapping procedure. The PE Subcommittee agreed that this was appropriate.

In addition, there were several modifications made to the specialty recommendations. First, 7 minutes for the staff to remove the multilayer compression system was moved from the post-service period to the service period for both codes. Second, all the minutes for conducting phone calls were removed for both codes so as not to be duplicative. Finally, various minor edits were made to the supplies and equipment to match the typical encounter. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
29580	Strapping; Unna boot	000	0.55 (No Change)
29581 (f)	Application of multi-layer compression system; leg (below knee), including ankle and foot	000	0.60 (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:29580 Tracking Number

Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
RUC Recommended RVU: **0.55**

Global Period: 000

CPT Descriptor: Strapping; Unna boot

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A diabetic patient returns to the office for ongoing treatment of a venous ulcer. The wound is examined and cleansed, and an Unna boot is applied.

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%

Description of Pre-Service Work: Review chart with general medical and surgical history update, including current medications and allergies. Perform evaluation of neurological and vascular status of lower extremity, along with a dermatologic and musculoskeletal examination of the foot, ankle, and lower leg. Examine and measure the size and depth of the ulcer. Conduct proper patient screening to exclude those with deep infection, excessive edema, or excessively fragile skin. Communicate with the patient and/or family to explain the procedure, including a discussion of possible risks and complications. Verify all required instruments and supplies are available. Perform time out.

Description of Intra-Service Work: This previously placed elastic bandage is cut away, the Unna boot is unwrapped, the primary wound dressing is removed if present, and the leg is cleaned. Cleanse the ulcer and apply a primary wound dressing as indicated. With an assistant holding the foot with the ankle in neutral position, apply compression zinc-impregnated bandage (Unna boot) beginning proximal to the toes and extending proximally to the mid-calf region. Take care to smooth out any wrinkles in the compression bandage with each compressive wrap. Make a figure-of-eight wrap around the ankle. Make frequent checks to ensure that the neutral position of the foot to the ankle is maintained. Once the entire bandage has been applied, provide additional smoothing. Apply an elastic bandage over the Unna boot.

Description of Post-Service Work: Assess circulation, sensation, and motor function of the extremity. Fit a surgical shoe on the patient, as indicated. Discuss home restrictions (ie, activity, bathing) with the patient and family. Provide instructions for removal of the dressing in the event of an emergency (eg, leg swelling with decreased circulation or pain). Dictate procedure for medical record, copy PCP and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Timothy Tillo, DPM; Mathew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nadar Massarweh, MD				
Specialty(s):	APMA, ACS, SVS				
CPT Code:	29580				
Sample Size:	3200	**Resp N:**	93	**Response:** 2.9 %	
Description of Sample:	random selection from each society's membership database				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**14.00**	36.00	500.00
Survey RVW:	0.39	0.60	**0.73**	0.80	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	4.00	9.00	**11.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	29580	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29515	000	0.73	**RUC Time**

CPT Descriptor Application of short leg splint (calf to foot)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
46600	000	0.55	**RUC Time**	93,481

CPT Descriptor 1 Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
69210	000	0.61	**RUC Time**	1,558,017

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 31.1 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 27.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 29580	Top Key Reference CPT Code: 29515	2nd Key Reference CPT Code: **29405**
Median Pre-Service Time	7.00	5.00	7.00
Median Intra-Service Time	11.00	15.00	15.00
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
Median Total Time	**23.00**	**23.00**	**27.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.24	0.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.23
Urgency of medical decision making	0.07	-0.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.28	-0.15
Physical effort required	0.10	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.38	0.12
Outcome depends on the skill and judgment of physician	0.52	0.31
Estimated risk of malpractice suit with poor outcome	0.31	-0.15

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.38	0.04

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Why is 29580 being surveyed?

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. Unna boot (29580) was identified for survey through this screen.

29580 Valuation History

Unna boot has been used for over 100 years. The product and physician work has not changed since the implementation of the Medicare fee schedule. In 1992, the work RVU for 29580 was 0.61. This value decreased the first four years of the fee schedule as CMS adjusted work RVUs for all codes to maintain budget neutrality (ie, instead of adjusting the conversion factor). In 2005, podiatry surveyed 29580 as part of the third 5YR and presented compelling evidence to the HCPAC that podiatrists were not included in the Harvard review. The HCPAC accepted compelling evidence and approved increasing the work RVU from 0.57 to the survey median work RVU of 0.60 based on comparison to other codes. CMS disagreed with the HCPAC and instead proposed and finalized a work RVU of 0.55 which was the survey 25th percentile.

Survey Process

For the April 2016 RUC meeting, the ACS, SVS, and APMA conducted a RUC survey using the vignette in the RUC database and found that 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 addition, it was noted that over 90 percent of the respondents indicated intra-time in increments of 5 minutes.

The societies presented the summary data as informational to the RUC and requested that we be allowed to request Research Subcommittee approval for a revised vignette and revised text for survey Question 2 to ask for more precise time estimates. The RUC agreed with our request and the Research Subcommittee approved the revised vignette and revised survey Question 2.

A survey request was sent to a random selection of each society's membership.

Recommendation - 29580

We recommend maintaining the current work RVU of 0.55 for code 29580.

Pre-time Package 5

We recommend pre-time package 5 (*Procedure with minimal anesthesia care*) with one minute subtracted for no anesthesia care.

Key Reference Services

Codes 29515 and 29405 are excellent comparison codes. These codes require slightly more time than 29580 for molding the cast/splint while the plaster sets. These codes also have a slightly higher intensity to account for maintaining bone alignment while applying the cast/splint.

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**0.55**	0.034	22	7	5	10
29580	Unna boot	**0.55**	0.026	23	7	11	5
69210	Removal impacted cerumen requiring instrumentation, unilateral	**0.61**	0.045	17	5	10	2

Summary

The physician work for 29580 has not changed. The survey supports maintaining the current work RVU of 0.55.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 29580

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 general surgery How often? Commonly

Specialty vascular surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 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?
302,396 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 125000 Percentage 41.33 %

Specialty general surgery Frequency 35000 Percentage 11.57 %

Specialty vascular surgery Frequency 35000 Percentage 11.57 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 29580

If this code is a new/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:29581 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: 000 RUC Recommended RVU: **0.60**

CPT Descriptor: Application of multi-layer compression system; leg (below knee), including ankle and foot

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A diabetic patient returns to the office for ongoing treatment of a recalcitrant medial calf venous ulcer. The wound is examined and cleansed, and a multilayer venous ulcer compression dressing is applied.

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%

Description of Pre-Service Work: Review chart with general medical and surgical history update, including current medications and allergies. Perform evaluation of neurological and vascular status of lower extremity, along with a dermatologic and musculoskeletal examination of the foot, ankle, and lower leg. Examine and measure the size and depth of the ulcer. Conduct proper patient screening to exclude those with deep infection, excessive edema, or excessively fragile skin. Communicate with the patient and/or family to explain the procedure, including a discussion of possible risks and complications. Verify all required instruments and supplies are available. Perform time out.

Description of Intra-Service Work: Remove the previous strapping. Cleanse the ulcer and apply a primary wound dressing as indicated. With an assistant holding the foot with the ankle in neutral position, apply a compression bandage with a circular winding at the base of the toes. Apply a second circular winding that covers the top of the foot and articulating aspect of the ankle joint. Apply the next winding that covers the back of the heel and calf. Make frequent checks to ensure the foot is in a neutral position relative to the ankle. Apply each subsequent application at the specific stretch needed for the desired compression. The final layer of the multilayer system (an elastic bandage) will be applied.

Description of Post-Service Work: Assess circulation, sensation, and motor function of the extremity. Fit a surgical shoe on the patient, as indicated. Discuss home restrictions (ie, activity, bathing) with the patient and family. Provide instructions for removal of the dressing in the event of an emergency (eg, leg swelling with decreased circulation or pain). Dictate procedure for medical record, copy PCP and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Timothy Tillo, DPM; Mathew Sideman, MD, FACS; Robert Zwolak, MD, FACS; Charles Mabry, MD, FACS; Nadar Massarweh, MD					
Specialty(s):	APMA, ACS, SVS					
CPT Code:	29581					
Sample Size:	3200	**Resp N:**	89	**Response:** 2.7 %		
Description of Sample:	random selection from each society's membership database					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**10.00**	30.00	200.00	
Survey RVW:	0.40	0.73	**0.80**	0.90	3.50	
Pre-Service Evaluation Time:			**10.00**			
Pre-Service Positioning Time:			**3.00**			
Pre-Service Scrub, Dress, Wait Time:			**3.00**			
Intra-Service Time:	3.00	10.00	**13.00**	16.00	35.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	29581	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
Intra-Service Time:		**13.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29405	000	0.80	**RUC Time**

CPT Descriptor Application of short leg cast (below knee to toes);

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29515	000	0.73	**RUC Time**

CPT Descriptor Application of short leg splint (calf to foot)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
46600	000	0.55	**RUC Time**	93,481

CPT Descriptor 1 Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
69210	000	0.61	**RUC Time**	1,558,017

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

Other Reference CPT Code	Global	Work RVU	Time Source
64566	000	0.60	**RUC Time**

CPT Descriptor Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 46.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 29581	Top Key Reference CPT Code: 29405	2nd Key Reference CPT Code: **29515**
Median Pre-Service Time	7.00	7.00	5.00
Median Intra-Service Time	13.00	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
Median Total Time	**25.00**	**27.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.29	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.34	0.56
Urgency of medical decision making	-0.10	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.24	0.17
Physical effort required	0.25	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.27	0.50

Outcome depends on the skill and judgment of physician	0.49	0.50
Estimated risk of malpractice suit with poor outcome	0.20	0.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.39	0.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Why is 29581 being Surveyed?

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. Unna boot (29580) was identified for survey through this screen. Code 29581was added as a family code. Unna boot is a single layer strapping system containing zinc-oxide ointment with proven efficacy in a majority of patients. Scientific data indicate that a multi-layer compression system (29581) is at least equal to single layer therapy in efficacy of healing ulcers, and some studies indicate clinical superiority of the multi-layer systems. Additionally, some patients are allergic to the components within the Unna boot paste and the multi-layer compression system is an effective option.

29581 Valuation History and Compelling Evidence

Code 29581 (*Application of multi-layer venous wound compression system, below knee*) was approved for CPT 2010. The service was surveyed in April 2009 by SVS, ACS, APMA, and APTA. The RUC compared 29581 to 29580 and agreed that the multilayer compression system would take more time and work than Unna boot. The RUC recommended the survey 25th percentile work RVU of 0.60 (compared to Unna boot work RVU of 0.55). In the Final Rule for 2010, CMS agreed with the RUC recommendation.

In February 2010, a device manufacturer requested modification of code 29581 to remove reference to venous wound. They indicated that multilayer compression systems are used for other purposes including edema. The Panel postponed until time certain to revise code 29581 to expand the coding language with the involvement of appropriate specialty societies. In June 2010, the Panel accepted the device manufacturer revised proposal, including creation of new codes 29582, 29583, and 29584.

Since the revision to 29581 was editorial and the code was just surveyed in 2009, only the new codes (29582, 29583, 29584) were surveyed and only by the American Physical Therapy Association. The survey results were reviewed by the HCPAC. Very few responses were obtained (14-19) and for 2 codes, the median experience was zero. These surveys would not be accepted by the RUC (or HCPAC) today. The rationale in the RUC database indicates that the HCPAC considered the society recommended times and crosswalks to physical therapy codes that are time based (ie, each 15 minutes).

Flawed methodology in previous valuation:

In the Final Rule for 2012, CMS accepted the HCPAC recommendations for 29582, 29583, and 29584 even though they were not based on a survey data. Further, CMS determined that code 29581 should be paired with these three codes and CMS reduced the work RVU for 29581 from 0.60 to 0.25, which resulted in a negative work intensity (-0.0013).

Given the long lived history of Unna boot and the robust survey of 29581, we believe that the CMS work RVU reduction for 29581 that was based on comparison to a flawed HCPAC survey and flawed HCPAC recommendation for other codes meets compelling evidence of flawed methodology.

Survey Process

For the April 2016 RUC meeting, the ACS, SVS, and APMA conducted a RUC survey for 29580 and 29581 using the vignettes in the RUC database 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 addition, we also noted that over 90 percent of the respondents for both codes indicated intra-time in increments of 5 minutes.

We presented the summary data as informational to the RUC and requested that we be allowed to request Research Subcommittee approval for revised vignettes and revised text for survey Question 2 to ask for more precise time estimates. The RUC agreed with our request and the Research Subcommittee approved the revised vignettes and revised survey Question 2.

A survey request was sent to a random selection of each society's membership.

Recommendation - 29581

We recommend that the RUC re-affirm the previous recommended work RVU of 0.60 for code 29581. This value is supported by the previous robust survey and the current robust survey. We believe the slight difference in intra-service time is due to the revision to survey Question 2 to ask for more precise time and NOT due to any change in physician work.

Pre-time Package 5

We recommend pre-time package 5 (*Procedure with minimal anesthesia care*) with one minute subtracted for no anesthesia.

Key Reference Services (KRS)

Codes 29515 and 29405 are excellent comparison codes. These codes require more time than 29581 for molding the cast/splint while the plaster sets. These codes also have a slightly higher intensity to account for maintaining bone alignment while placing the cast/splint.

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	**0.55**	0.034	22	7	5	10
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	**0.60**	0.025	25	7	13	5
69210	Removal impacted cerumen requiring instrumentation, unilateral	**0.61**	0.045	17	5	10	2

Other Code

Code 64566, *Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming* was reviewed by the RUC last year and CMS has accepted the RUC recommendation in the 2017 NPRM. This code provides an excellent comparison of work.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	**0.60**	0.033	22	7	10	5
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	**0.60**	0.025	25	7	13	5

Summary

The RUC and CMS accepted the previous survey results and the recommended work RVU of 0.60 for 29581. The physician work for 29581 includes more than application of a multi-layer compression system (ie, it is more work than required for 29582, 29583, 29584). The typical work includes cleansing, evaluation, and documentation of a venous stasis ulcer, as inherent components to the service, similar to 29580 Unna boot. The current survey supports the previous survey and the work RVU of 0.60.

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) 29581

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 general surgery How often? Commonly

Specialty vascular surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 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? 149,067 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

Specialty podiatry Frequency 51000 Percentage 34.21 %

Specialty general surgery	Frequency 18500	Percentage 12.41 %
Specialty vascular surgery	Frequency 15000	Percentage 10.06 %

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 29581

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	29580	**# of Respondents:**	93
Survey Code Descriptor:	Strapping; Unna boot		

Top Ref Code:	29515	**# of Respondents:**	29	**% of Respondents:**	31%
Top Ref Code Descriptor:	Application of short leg splint (calf to foot)				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	7%	59%	24%	10%

Overall Intensity and Complexity:				
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		14%	55%	31%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		10%	52%	38%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		14%	66%	21%
Technical Skill:		**Less**	**Identical**	**More**
		14%	52%	34%
Physical Effort:		**Less**	**Identical**	**More**
		14%	66%	21%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		14%	48%	38%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		0%	59%	41%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		10%	59%	31%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	29581	**# of Respondents:**	89
Survey Code Descriptor:	Application of multi-layer compression system; leg (below knee), including ankle and foot		

Top Ref Code:	29405	**# of Respondents:**	41	**% of Respondents:**	46%
Top Ref Code Descriptor:	Application of short leg cast (below knee to toes);				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	10%	46%	39%	5%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		17%	44%	39%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		10%	51%	39%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		22%	61%	17%		
Technical Skill:		**Less**	**Identical**	**More**		
		12%	59%	29%		
Physical Effort:		**Less**	**Identical**	**More**		
		15%	63%	22%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		15%	51%	34%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		2%	51%	46%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		20%	46%	34%		

ISSUE: Strapping Multi-Layer Compression

TAB: 13

					RVW					Total	PRE			INTRA					POS	SURVEY EXPERIENCE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX	TYP?
REF1	29515	Application of short leg splint (calf to foot)	29	0.037			0.73			23	5					15			3						
REF2	29405	Application of short leg cast (below knee to t	26	0.035			0.80			27	7					15			5						
2007	29580	Strapping; Unna boot		0.019			0.55			27	5	2	1			12			7						
SVY 4/16	29580	Strapping; Unna boot	84	0.030	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%
SVY 10/16	29580	Strapping; Unna boot	93	0.028	0.39	0.60	0.73	0.80	3.00	32	10	3	3	4	9	11	15	30	5	0	5	14	36	500	90%
REC		Maintain current RVW		0.026			0.55			23	7					11			5						

REF1	29405	Application of short leg cast (below knee to t	41	0.035			0.80			27	7					15			5						
REF2	29515	Application of short leg splint (calf to foot)	16	0.037			0.73			23	5					15			3						
2009	29581	RUC/CMS agree value more than 29580		0.022			0.60			27	7					15			5						
2012	29581	CMS crosswalk to strapping toes		-0.001			0.25			27	7					15			5						
SVY 4/16	29581	Application of multi-layer compression syster	84	0.031	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%
SVY 10/16	29581	Application of multi-layer compression syster	89	0.029	0.40	0.73	0.80	0.90	3.50	34	10	3	3	3	10	13	16	35	5	0	2	10	30	200	97%
REC		Validate RUC/CMS 2009 recommendation		0.025			0.60			25	7					13			5						

Tab Number: 13

Issue: Strapping, Multilayer Compression

Code(s): 29580, 29581

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Charles Mabry, MD, FACS
Specialty Society:	American College of Surgeons
Date:	August 19, 2016

Tab Number: 13

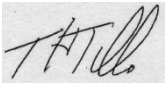
Issue: Strapping, Multilayer Compression

Code(s): 29580, 29581

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Signature:	
Print Name:	Timothy Tillo, DPM
Specialty Society:	American Podiatric Medical Association
Date:	August 19, 2016

Tab Number: 13

Issue: Strapping, Multilayer Compression

Code(s): 29580, 29581

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Matthew Sideman, MD, FACS
Specialty Society:	Society for Vascular Surgery
Date:	August 19, 2016

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

29580	Strapping; Unna boot
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot

Global Period 000 Meeting Date October 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 APMA, SVS, and ACS reviewed the current inputs for these codes and agreed that there would be no significant clinical staff work when this service is performed in a facility 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: 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
Non Facility Direct Inputs

REVISED 10-6-2016

CPT Long Descriptor:

29580	Strapping; Unna boot
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot

Global Period 000 Meeting Date: October 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 APMA, SVS, and ACS reviewed the current inputs for these codes.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Codes 29580 and 29581 are 0-day global codes for strapping application. CPT guidelines and CMS policy indicate that casting and strapping procedures include removal of cast or strapping. Because these strapping codes are repeated often (until the wound heals), the removal is often done prior to and on the same day as a new strapping is placed. Both codes require this time and therefore, seven minutes have been included as an additional activity during the 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:

		current 29580		rec 29580		current 29581		rec 29581		
MEDICAL SUPPLIES	**CODE**	NF	FAC	NF	FAC	NF	FAC	NF	FAC	**Compelling Rationale / Discussion**
pack, minimum multi-specialty visit	SA048			**1**		**1**		**1**		On the day of the procedure, the patient will typically remove their pants and require a gown. Both codes should have this supply item.
gown (for physician)	SB026			**1**				**1**		Cleaning the leg and applying the strapping can be messy and the physician would put on a gown. There is no paper gown for a physician. Item SB026 is used as a paper gown proxy that the physician would use.
underpad 2ft x 3ft (Chux)	SB044			**1**		**1**		**1**		Cleansing leg/wound prior to strapping is a wet service. Both codes should have this supply item.
basin, irrigation	SJ009			**1**		**1**		**1**		Supply item used for cleansing leg/wound prior to strapping. Both codes should have this supply item.

		current 29580		rec 29580		current 29581		rec 29581		
MEDICAL SUPPLIES	**CODE**	NF	FAC	NF	FAC	NF	FAC	NF	FAC	**Compelling Rationale / Discussion**
water, sterile for irrigation (250-1000ml uou)	SH074			**1**		**1**		**1**		Supply item used for cleansing leg/wound prior to strapping. Both codes should have this supply item.
bulb syringe 9Asepto)	SJ011			**1**				**1**		An irrigation syringe is necessary for irrigating/cleansing the wound(s) and leg.
towel, non-sterile	SB042			**2**		**2**		**2**		Supply item used for cleansing leg/wound prior to strapping. Both codes should have this supply item.
gauze, sterile 4in x 4in (10 pack uou)	SG056			**1**		**1**		**1**		Supply item used to pad and protect bony prominences prior to application of strapping. Both codes should have this supply item.
bandage, elastic wrap 4in (Ace)	SG012			**1**						Supply item is typically applied over Unna boot strapping as a surface barrier to prevent contact of the zinc oxide with clothes, bedding, etc. This is not necessary for 29581 since the system includes this item.
tape, surgical paper 1in (Micropore)	SG079	**6**						**6**		Supply item needed for holding end of each compression layer in place. The compression layers are not self adherent. This is different than Unna boot, which is self adherent.

		current 29580		rec 29580		current 29581		rec 29581		
EQUIPMENT	**CODE**	NF	FAC	NF	FAC	NF	FAC	NF	FAC	**Compelling Rationale / Discussion**
table, exam	EF023			**35**		**34**		**37**		Exam table and exam light are necessary. Service includes evaluation of neurological and vascular status of lower extremity, along with a dermatologic and musculoskeletal examination of the foot, ankle, and lower leg; examination and measurement of the size and depth of the ulcer; and assessment for infection, excessive edema, or excessively fragile skin.
light, exam	EQ168			**35**		**34**		**37**		

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

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 the physician with removal of the strapping (100% of physician time); assist physician during patient evaluation and during the strapping procedure (100% of physician time); clean the room; and review with patient/caregiver home care instructions and ability to ambulate.

Post-Service Clinical Labor Activities

N/A

	A	B	C	D	E	F	G	H	I	J
1				CURRENT DATA		RECOMMEND		CURRENT DATA		RECOM
2	REVISED 10-6-2016			29580		29580		29581		295
3	Meeting Date: October 2016 Tab: 13 Specialty: APMA, SVS, ACS	CMS Code	Staff Type	Strapping; Unna boot		Strapping; Unna boot		Application of multi-layer compression system; leg (below knee), including ankle		Applicatio layer com system; l knee), inclu
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	40	17	35	0	37	3	37
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0	0	0	0	0	0	0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	23	0	35	0	34	0	37
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	17	17	0	0	3	3	0
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		2		2
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3		3		3		3
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	3		2		2		2
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2
29	Intra-service									
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	5		11		10		13
31	Post-Service									
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D	RN/LPN/MTA							
34	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	5		5		5		5
40	*Other Clinical Activity - specify: REMOVE multilayer compression system*	L037D	RN/LPN/MTA			7		7		7
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a
44	End: Patient leaves office									
45	POST-SERVICE Period									
46	Start: Patient leaves office/facility									
47	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	6	6	0		3	3	0
55	*Other Clinical Activity - specify: REMOVE Unna boot / Multilayer compression system*	L037D	RN/LPN/MTA	11	11	0				0
56	End: with last office visit before end of global period									

	A	B	C	D	E	F	G	H	I	J
1				CURRENT DATA		RECOMMEND		CURRENT DATA		RECOM
2	REVISED 10-6-2016			29580		29580		29581		295
3	Meeting Date: October 2016 Tab: 13 Specialty: APMA, SVS, ACS	CMS Code	Staff Type	Strapping; Unna boot		Strapping; Unna boot		Application of multi-layer compression system; leg (below knee), including ankle		Applicatio layer com system; l knee), inclu
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			000	000	000	000	000	000	000
57	MEDICAL SUPPLIES*	CODE	UNIT							
58	pack, minimum multi-specialty visit	SA048	pack			1		1		1
59	gown, ~~patient~~ physician	SB026	item			1		1		1
60	gloves, non-sterile	SB022	pair	2	1					
61	***CLEANING LEG / CLEANSING WOUND***									
62	basin, irrigation	SJ009	item			1		1		1
63	underpad 2ft x 3ft (Chux)	SB044	item			1		1		1
64	water, sterile for irrigation (250-1000ml uou)	SH074	item			1		1		1
65	**bulb syringe (Asepto)**	SJ011	item			1				1
66	towel, non-sterile	SB042	item			2		2		2
67	gauze, sterile 4in x 4in (10 pack uou)	SG056	item			1		1		1
68	***DRESSING***									
69	unna boot	SG080	item	1		1				
70	bandage, elastic wrap 4in (Ace)	SG012	item			1				
71	Multi-layer compression system bandages	SG096	item					1		1
72	tape, surgical paper 1in (Micropore)	SG079	inch	6						6
73	EQUIPMENT	CODE								
74	table, exam	EF023				35		34		37
75	light, exam	EQ168				35		34		37

	A	B	C	K
1				**MEND**
2	**REVISED 10-6-2016**			**581**
3	**Meeting Date: October 2016** **Tab: 13** **Specialty: APMA, SVS, ACS**	**CMS Code**	**Staff Type**	n of multi- pression eg (below ding ankle
4	**LOCATION**			**Facility**
5	**GLOBAL PERIOD**			**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**
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	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	
29	**Intra-service**			
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	
31	**Post-Service**			
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D	RN/LPN/MTA	
34	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	
40	*Other Clinical Activity - specify: REMOVE multilayer compression system*	L037D	RN/LPN/MTA	
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			
44	**End: Patient leaves office**			
45	**POST-SERVICE Period**			
46	**Start: Patient leaves office/facility**			
47	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	
55	*Other Clinical Activity - specify: REMOVE Unna boot / Multilayer compression system*	L037D	RN/LPN/MTA	
56	**End: with last office visit before end of global period**			

	A	B	C	K
1				**MEND**
2	**REVISED 10-6-2016**			**581**
3	**Meeting Date: October 2016** **Tab: 13** **Specialty: APMA, SVS, ACS**	**CMS Code**	**Staff Type**	n of multi- pression eg (below ding ankle
4	**LOCATION**			**Facility**
5	**GLOBAL PERIOD**			**000**
57	**MEDICAL SUPPLIES***	**CODE**	**UNIT**	
58	pack, minimum multi-specialty visit	SA048	pack	
59	gown, ~~patient~~ physician	SB026	item	
60	gloves, non-sterile	SB022	pair	
61	***CLEANING LEG / CLEANSING WOUND***			
62	basin, irrigation	SJ009	item	
63	underpad 2ft x 3ft (Chux)	SB044	item	
64	water, sterile for irrigation (250-1000ml uou)	SH074	item	
65	**bulb syringe (Asepto)**	SJ011	item	
66	towel, non-sterile	SB042	item	
67	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	
68	***DRESSING***			
69	unna boot	SG080	item	
70	bandage, elastic wrap 4in (Ace)	SG012	item	
71	Multi-layer compression system bandages	SG096	item	
72	tape, surgical paper 1in (Micropore)	SG079	inch	
73	**EQUIPMENT**	**CODE**		
74	table, exam	EF023		
75	light, exam	EQ168		

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard Valued – Utilization Over 30,000

October 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 and this service was identified. The RAW determined that this service will be placed on the next level of interest form to survey. In April 2016, the RUC recommended an interim work RVU of 3.57 for CPT code 30140. The RUC noted that because this service has a negative IWPUT and the post-operative visits were highly variable, it should be considered as a 000-day global period. The specialty society agreed with this conversion to a 000 global as they felt it would have more relativity across the fee schedule with the modified global, and the code was resurveyed for October 2016.

30140 Submucous resection inferior turbinate, partial or complete, any method
The RUC reviewed the survey responses from 117 otolaryngologists and determined that the survey median work RVU of 3.00 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes evaluation, 3 minutes positioning and 10 minutes scrub/dress/wait pre-service time, 20 minutes intra-service time and 15 immediate post-service time. The RUC compared the surveyed service to the top key reference service 31238 *Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage* (work RVU = 2.74 and 25 minutes intra-service time) and similar service 31240 *Nasal/sinus endoscopy, surgical; with concha bullosa resection* (work RVU = 2.61 and 20 minutes intra-service time) and agreed that the survey code is more intense and requires more physician work. The reference code 31238 involves addressing one bleeding site and the challenge is to identify the site but once identified the physician applies cautery to the area. The other reference code 31240, involves a concha bullosa which is the middle turbinate with a big air pocket. However, there is little chance that the physician will over or under resect as it is very clear on what needs to be removed. Whereas, CPT code 30140 requires an incision at the anterior part of the inferior turbinate and to raise a tunnel in between the bone and the mucosa; it is difficult not to tear the mucosa and if torn leads to more bleeding and longer healing time. The physician removes the bone and the turbinate, if too little bone is removed than the procedure is not successful and the patient continues to have obstruction. If the physician removes too much bone, then the patient will have excessive loss of nasal structure and a feeling of constant nasal congestion which is irreversible. The RUC agreed that these differences account for the added intensity to perform 30140 compared to these similar services.

RUC also reviewed the secondary key reference service 43213 *Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)* (work RVU = 4.73 and 45 minutes intra-service time) and noted that the respondents appropriately valued 30140 lower than to 43213 as the survey code requires less physician work and time to complete. The RUC also

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questioned the difference in physician work and intensity of similar service 31295 *Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa* (work RVU = 2.70 and 20 minutes intra-service time) compared to 30140 as they both require the same intra-service time. The specialty society noted, and the RUC agreed, that CPT code 30140 includes the actual removal of tissue and is more intense whereas for CPT code 31295 a balloon is placed in the maxillary sinus ostium and is dilated, it does not include any removal of tissue and therefore less intense. **The RUC recommends a work RVU of 3.00 for CPT code 30140.**

Practice Expense

The Practice Expense Subcommittee noted that this service is reported with CPT code 30520 64% of the time and is subject to the Multiple Procedure Payment Reduction (MPPR) and therefore justified the pre-service time now that it is a 000-day global. The PE Subcommittee removed 3 minutes in the non-facility setting for the coordination of pre-surgery services, deleted additional time to clean the hand-piece and blade as that is considered regular cleaning equipment time, revised the error in the number of supplies for tubing and canister, deleted time for cleaning sterilizer and autoclave system and corrected equipment minutes in correlation to clinical staff time. The RUC recommends the modifications as recommended by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
30140	Submucous resection inferior turbinate, partial or complete, any method	000 ~~090~~	3.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:30140 Tracking Number Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: 000 RUC Recommended RVU: **3.00**

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 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: 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.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Peter Manes, MD		
Specialty(s):	AAO-HNS		
CPT Code:	30140		
Sample Size:	2590	**Resp N:** 117	**Response:** 4.5 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**25.00**	50.00	1000.00
Survey RVW:	1.10	2.68	**3.00**	4.00	10.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	3.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	30140	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31238	000	2.74	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43213	000	4.73	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic 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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,592

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15002	000	3.65	**RUC Time**	18,831

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Other Reference CPT Code	Global	Work RVU	Time Source
31295	000	2.70	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 53 **% of respondents:** 45.2 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 12.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 30140	Top Key Reference CPT Code: 31238	2nd Key Reference CPT Code: **43213**
Median Pre-Service Time	43.00	18.00	41.00
Median Intra-Service Time	20.00	25.00	45.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**78.00**	**53.00**	**101.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.47	0.40
Urgency of medical decision making	-1.15	-0.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.36	0.93
Physical effort required	0.32	0.73

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.34	0.00
Outcome depends on the skill and judgment of physician	0.32	0.73
Estimated risk of malpractice suit with poor outcome	0.06	-0.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.42	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 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. During the April review the RUC indicated concern based on the fact that the service had a negative IWPUT, the panel suggested modifying the global to a 000 and requested that the Academy re-present the code as a 000 global at the October 2016 RUC meeting. We agreed with the change to a 000 global given that there are virtually no 090 global codes with similar time and work RVUs whereas there are many strong 000 global comparator codes for the RUC approved value of 30140. We feel this shows that as a 000 global 30140 will have stronger relativity across the fee schedule and would be more appropriately labelled as a 000 global.

Background on prior valuations: This code is Harvard valued and was RUC surveyed as a 090 global in the spring of 2016. It is being resurveyed as a 000 global for the fall of 2016.

Survey Sample:
The survey data and recommendations are based upon a random sample of AAO-HNS members. The total sample size was 2590 otolaryngologists.

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 is typically performed 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.**

Physician Work RVU

Upon review of the survey results, the expert panel **recommends our survey's median value for 30140 of 3.00 RVUs with a total time of 78 minutes**

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	Intra	Total Time	IWPUT
RUC	Apr13	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	000	2.74	25	53	0.087
RUC	Oct12	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	000	4.73	45	101	0.079

Additional Reference Codes

CPT Code	Long Desc	Global	IWPUT	Work RVU	Intra Time	Total Time	Time Source	Most Recent RUC Review
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	000	0.0577	**2.49**	20	86	RUC	Oct12
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	000	0.0783	**2.61**	20	73	RUC	Apr13
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	000	0.0772	**2.7**	20	78	RUC	Feb10
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	000	0.1011	**3.29**	20	83	RUC	Apr12
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)	000	0.0964	**3.29**	20	84	RUC	Apr14

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. Information is based on current value of the code combination:
3. CPT Code 1: 30140 090 (now converted to 000) 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
5. 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? 110388
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 36796 multiplied by 3.

Specialty Otolaryngology Frequency 108180 Percentage 97.99 %

Specialty Plastics and Reconstructive surgery Frequency 2208 Percentage 2.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 36,796 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 2015 Medicare volume per the RUC database.

Specialty Otolaryngology Frequency 36060 Percentage 97.99 %

Specialty Plastics and Reconstructive Surgery Frequency 736 Percentage 2.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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 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.

CPT Code: XXXXX

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	30140	**# of Respondents:**	117
Survey Code Descriptor:	Submucous resection inferior turbinate, partial or complete, any method		

Top Ref Code:	31238	**# of Respondents:**	53	**% of Respondents:**	44.17%
Top Ref Code Descriptor:	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		.8%	11%	48.7%	33.3%	5.9%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		25.6%	33.3%	41%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		21%	47%	31.6%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		64%	30.7%	5%		
Technical Skill:		**Less**	**Identical**	**More**		
		7%	43.5%	48.7%		
Physical Effort:		**Less**	**Identical**	**More**		
		11%	50%	38%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		43%	31.6%	25.6%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		8.5%	50%	41%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		34%	41%	25%		

SS Rec Summary

ISSUE: Resection of Inferior Turbinate

TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	POST PKG	FAC-inpt/same 38	FAC-inpt/same 39	Office 15	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage		0.087			2.74			53	6	12	1	5			25			10													
2nd REF	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)		0.079			4.73			101	2b	33	3	5			45			15													
CURREN T- HVD	30140	Submucous resection inferior turbinate, partial or complete, any method		0.049			3.57			120.00		15	0	15			28			14						3							
APR-16 090 SVY			166	0.057	2.44	3.89	4.40	5.00	13.00	131	3	30	10	10	5	15	20	30	80	15	9A					2			0	15	30	50	200
090 RUC REC				-0.008			3.57			143	3	30	3	10			20			15	9A	0.5				2							
000 SVY	30140		117	0.090	1.10	2.68	3.00	4.00	10.00	80		30	5	10	3	15	20	30	60	15									0	15	25	50	1000
000 FINAL RUC REC	30140	Submucous resection inferior turbinate, partial or complete, any method		0.092			3.00			78	3	30	3	10			20			15	9A												

Tab Number: 14 & 15

Issue: Turbinate, Tracheostomy

Code(s): 30140, 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.)

Signature:	
Print Name:	Peter Manes, MD
Specialty Society:	American Academy of Otolaryngology – Head and Neck Surgery
Date:	August 29, 2016

CPT Code: 30140
Specialty Society('s) AAO-HNS

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: 000 Meeting Date: October 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:

We are requesting extensive clinical staff pre-time (15 minutes) for this procedure because despite it being converted to a 000 global service, it still must be pre-scheduled in advance by the clinical staff, referral and diagnostic forms must be completed, and education and consent is obtained from the patient.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are requesting the addition of one supply, the 6 ft tubing suction non-latex, as it was erroneously omitted from our PE presentation in April 2016. You require one segment from canister to suction tip and another from the pump to canister. We are also requesting one new piece of equipment, the sterilizer system which is used to clean and sterilize the hand piece and blade used for debridement. The time indicated is the pre-set time that the sterilizer requires to cycle through one time. Last, we are adding in a post operative phone call to check on the patient and call in any necessary prescriptions.

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.

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 the debrider hand piece and blade, and provide home care instructions and set up post op visits and prescriptions/antibiotics.

Post-Service Clinical Labor Activities: staff conduct post procedure phone calls to check on the patient and request any necessary prescriptions. Staff also take time to clean the hand piece and blade used for debridement which are reusable.

CPT Code: 30140
Specialty Society('s) AAO-HNS

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: 000 Meeting Date: October 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:

We are requesting extensive clinical staff pre-time (27 minutes) for this procedure because despite it being converted to a 000 global service, it still must be pre-scheduled in advance by the clinical staff, pre-surgery services must be coordinated, referral and diagnostic forms must be completed, and education and consent is obtained from the patient.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are not requesting an increases over existing inputs or staff time.

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 obtain consent from the patient..

Intra-Service Clinical Labor Activities:
There are no intra-service activities performed by the clinical staff.

Post-Service Clinical Labor Activities:
Staff conduct post procedure phone calls to check on the patient and request any necessary prescriptions.

	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 #30140**		**CPT Code # 30140**	
3	**Meeting Date: REVISED October 2016** **Tab: 14** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Submucous resection inferior turbinate, partial or complete, any method		Submucous resection inferior turbinate, partial or complete, any method	
4	**LOCATION**	L037D	RN/LPN/ MTA	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**170.0**	**132.0**	**78.0**	**30.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**35.0**	**60.0**	**12.0**	**27.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**63.0**	**0.0**	**63.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/ MTA	**72.0**	**72.0**	**3.0**	**3.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/ MTA	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/ MTA	**10**	**20**	**0**	**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/ MTA	**0**	**8**	**0**	**5**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/ MTA	**10**	**20**	**7**	**7**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/ MTA	**10**	**7**	**0**	**0**
17	Other Clinical Activity - *specify:*	L037D	RN/LPN/ MTA				
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/ MTA	**3**		**3**	
22	Obtain vital signs	L037D	RN/LPN/ MTA	**3**		**3**	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/ MTA				
24	Prepare room, equipment, supplies	L037D	RN/LPN/ MTA	**2**		**2**	
25	Setup scope (non facility setting only)	L037D	RN/LPN/ MTA				
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/ MTA	**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/ MTA	**2**		**2**	
28	Other Clinical Activity - specify:	L037D	RN/LPN/ MTA				
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/ MTA	**20**		**20**	
31	**Post-Service**						
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D	RN/LPN/ MTA	**15**		**15**	
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D	RN/LPN/ MTA				
34	Clean room/equipment by physician staff	L037D	RN/LPN/ MTA	**3**		**3**	
35	Clean Scope	L037D	RN/LPN/ MTA				
36	Clean Surgical Instrument Package	L037D	RN/LPN/ MTA	**10**		**10**	
37	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/ MTA				
38	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/ MTA				
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/ MTA	**3**		**3**	
40	Other Clinical Activity - *specify:*						
41	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
42	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
44	**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 #30140**		**CPT Code # 30140**	
3	**Meeting Date: REVISED October 2016** **Tab: 14** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Submucous resection inferior turbinate, partial or complete, any method		Submucous resection inferior turbinate, partial or complete, any method	
4	**LOCATION**	L037D	RN/LPN/ MTA	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**000**	**000**
45	**POST-SERVICE Period**						
46	**Start: Patient leaves office/facility**	L037D	RN/LPN/ MTA				
47	Conduct phone calls/call in prescriptions	L037D	RN/LPN/ MTA			**3**	**3**
48	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
49	99211 16 minutes		16				
50	99212 27 minutes		27				
51	99213 36 minutes		36	**2**	**2**		
52	99214 53 minutes		53				
53	99215 63 minutes		63				
54	**Total Office Visit Time**			**72.0**	**72.0**	**0.0**	**0.0**
55	Other Clinical Activity - *specify:clean instrument packs post op*			**20.0**	**20.0**		
56	**End: with last office visit before end of global period**						
57	**MEDICAL SUPPLIES***	CODE	UNIT				
58	pack, cleaning, surgical instruments	SA043	pack	**3**	**2**	**1**	**0**
59	drape-towel, sterile 18in x 26in	SB019		**4**	**0**	**4**	**0**
60	gloves, sterile	SB024		**2**	**0**	**2**	**0**
61	gown, staff, impervious	SB027		**2**	**0**	**2**	**0**
62	mask, surgical, with face shield	SB034		**2**	**0**	**2**	**0**
63	drape, sterile, split-sheet	SB046		**1**	**0**	**1**	**0**
64	needle, 18-27g	SC029		**2**	**0**	**2**	**0**
65	syringe 10-12ml	SC051		**1**	**0**	**1**	**0**
66	canister, suction	SD009		**3**	**2**	**1**	**0**
67	tubing, suction, non-latex (6ft uou)	SD132		**0**	**0**	**1**	**0**
68	tubing, suction, non-latex (2ft) with Frazier tip (1)	SD214		**3**	**2**	**1**	**0**
69	gauze, sterile 4in x 4in	SG055		**3**	**0**	**3**	**0**
70	cottonoid	SG031		**2**	**0**	**2**	**0**
71	lidocaine 1%-2% inj (Xylocaine)	SH047		**5**	**0**	**5**	**0**
72	lidocaine 4% soln, topical (Xylocaine)	SH050		**5**	**0**	**5**	**0**
73	basin, emesis	SJ010		**1**	**0**	**1**	**0**
74	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**1**	**0**	**1**	**0**
75	scalpel with blade, surgical (#10-20)	SF033	item	**1**	**0**	**1**	**0**
76	Atomizer tips (disposable)	SL464		**1**	**0**	**1**	**0**
77	atomizer tip shield (RhinoGuard)	SM001		**1**	**0**	**1**	**0**
78	**EQUIPMENT**						
79	chair with headrest, exam, reclining	EF008		**170**	**72**	**98.0**	**0**
80	light, fiberoptic headlight w-source	EQ170		**170**	**72**	**98.0**	**0**
81	suction and pressure cabinet, ENT (SMR)	EQ234		**170**	**72**	**98.0**	**0**
82	instrument pack, basic ($500-$1499)	EQ137		**131**	**86**	**102.0**	**0**
83	Microdebrider handpiece	**INVOICE**		**29**	**0**	**98.0**	**0**
84	Microdebrider console	**INVOICE**		**29**	**0**	**98.0**	**0**
85	2mm blade	**INVOICE**		**29**	**0**	**102.0**	**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

April 2016 and October 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 25th 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.**

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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.

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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 25th 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.

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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 preforming this very low volume service in the past 12 months and agreed that the survey 25th 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,*

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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***
Valuation History - CPT cycle 2018
In April 2016, the RUC noted that the recommendation for 31610 had a negative IWPUT, should be reclassified as a 000-day global and resurveyed for October 2016. The RUC also considered that the CPT Editorial Panel may need to create a new code to describe changing the tracheostomy tube in the office. The RUC noted that the specialty did not need to resurvey the entire family of codes. In June 2016, AAO-HNS and ACS appealed the interim recommendation and change to the global period because: 1) a negative IWPUT should not be the primary criteria to change a global period. CPT code 31610 is a major surgery and is appropriately classified as a 090-day global period. Additionally, the post-operative work is stable and the level and physician work was specifically outlined in the rationale for the April 2016 meeting; and 2) there is compelling evidence that the original valuation was flawed. First, the Harvard methodology algorithm used to assign postoperative hospital and office visits underestimated the level of postoperative work required and therefore underestimated the relative work RVU. Second, 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, but then finalized the time at 61 minutes, without any rationale for this change.

AAO-HNS and ACS requested that the RUC maintain the current 090-day global period and reconsider compelling evidence. The Committee noted that, while the RUC will submit the specialties' recommendations for the global period to CMS, the Agency makes the ultimate global period assignment. The Committee indicated concern that if this service was changed to a 000-day global period that direct practice expense activities associated with the care of the tracheostomy in the post-operative care would be lost.

A RUC Ad Hoc Appeals Committee unanimously recommended that the RUC reconsider its recommendation for CPT code 31610. The Committee unanimously agreed that there is compelling evidence that the previous valuation was flawed. The Committee supports the specialty society recommendation for a 090-day global period assignment though that recommendation was not unanimous. The Committee determined that the work RVU should be discussed by the entire RUC and anticipated more information from the specialty societies to foster discussion regarding the compelling evidence that the original valuation was flawed.

RUC Review – October 2016
In October 2016, the specialty societies presented compelling evidence that that the previous valuation of 31610 was flawed. The RUC noted that the previous Harvard physician intra-service time of 61 minutes was computed by an algorithm. The Phase III Harvard Study report indicated the intra-operative surveyed time was 52 minutes, but the Final Harvard report indicated 61 minutes, without any additional surveys, discussion or rationale for this change. The specialty societies also noted that the Harvard postoperative visit times were transformed into low level hospital and

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office visits and were not surveyed, but developed by an algorithm as well. These low level visits resulted in undervaluation of the work RVU. The RUC agreed that due to the multiple unexplained issues in the original valuation, there is compelling evidence that the Harvard methodology was flawed for CPT code 31610.

The RUC reviewed the survey results from 94 general surgeons and otolaryngologists and recommends the survey 75th percentile work RVU of 12.00 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 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 3-99213 office visits are appropriate in order to examine the patient, inspect the larynx, remove the tracheostomy ,examine stoma and skin flaps, replace the tracheostomy, cauterize any granulation tissue at the stoma, answer patient/family questions, assess for adequacy of pain control and discuss proper maintenance of the tracheostomy including stomal care.

The RUC noted that the negative IWPUT at the current value is an indication that this service is not valued correctly. Although, the survey respondents analyzed the intra-service work appropriately they may have underestimated the post-service work. Therefore, the RUC recommends the survey 75% percentile work RVU of 12.00 appropriately accounts for the total physician work required for this service. The RUC compared the surveyed code to similar services 66183 *Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach* (work RVU = 13.20 and intra-service time of 45 minutes) and noted that the physician work and time is appropriately relative to this similar service. The RUC referenced CPT code 27027 *Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral (s)* (work RVU = 13.04 and intra-service time of 60 minutes) noting that the physician work and post-operative work is similar for 31610 and supports the recommendation. **The RUC recommends a work RVU of 12.00 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.

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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 recommendation was based on the survey 75th percentile work RVU.

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 (April 2016 Recommendation)
31601 (f)	Tracheostomy, planned (separate procedure); younger than 2 years	000	8.00 (April 2016 Recommendation)
31603 (f)	Tracheostomy, emergency procedure; transtracheal	000	6.00 (April 2016 Recommendation)
31605 (f)	Tracheostomy, emergency procedure; cricothyroid membrane	000	6.45 (April 2016 Recommendation)
31610 (f)	Tracheostomy, fenestration procedure with skin flaps	090	12.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31600 Tracking Number

Original Specialty Recommended RVU: **6.93**
Presented Recommended RVU: **6.93**
RUC Recommended RVU: **5.56**

Global Period: 000

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

RUC Meeting Date (mm/yyyy)	04/2016				
Presenter(s):	Peter Manes, MD; Charles Mabry, MD, FACS				
Specialty(s):	AAO-HNS, ACS				
CPT Code:	31600				
Sample Size:	1802	**Resp N:** 66	**Response:** 3.6 %		
Description of Sample:	random selection from each society's membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**9.00**	17.00	100.00
Survey RVW:	1.50	5.56	**6.93**	8.00	13.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	30.00	**30.00**	45.00	60.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31600	**Recommended Physician Work RVU: 5.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32608	000	6.84	**RUC Time**

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,704

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 31600	Top Key Reference CPT Code: 32608	2nd Key Reference CPT Code: **43210**
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
Median Total Time	**120.00**	**155.00**	**148.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.64	-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	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.14	0.70

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the 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	**65855**	Trabeculoplasty by laser surgery	0.142	10
2010	**35840**	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	0.142	60
2012	**92937**	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	0.145	67
2013	**33366**	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	0.147	195
2012	**92941**	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	0.155	70
2013	**67041**	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	0.160	60
2013	**67042**	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	0.160	60
2010	**67220**	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	0.183	15
2010	**67210**	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	0.199	15
2012	**66982**	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0.207	33
2012	**66984**	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	**65800**	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	0.217	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: 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) 31600

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? 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? 32,578 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 10000 Percentage 30.69 %

Specialty general surgery Frequency 13000 Percentage 39.90 %

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 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**
Presented Recommended RVU: **8.00**
Global Period: 000 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

RUC Meeting Date (mm/yyyy)	04/2016				
Presenter(s):	Peter Manes, MD				
Specialty(s):	AAO-HNS				
CPT Code:	31601				
Sample Size:	1379	**Resp N:**	33	**Response:** 2.3 %	
Description of Sample:	random selection				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	7.00	20.00
Survey RVW:	2.50	6.50	**8.00**	9.00	15.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**45.00**	50.00	80.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31601	**Recommended Physician Work RVU: 8.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,704

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 31601	Top Key Reference CPT Code: 43274	2nd Key Reference CPT Code: **43210**
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
Median Total Time	**135.00**	**139.00**	**148.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.36	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
Technical Skill/Physical Effort (Mean)		
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	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.09	1.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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	**65855**	Trabeculoplasty by laser surgery	0.142	10
2010	**35840**	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	0.142	60
2012	**92937**	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	0.145	67
2013	**33366**	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	0.147	195
2012	**92941**	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	0.155	70
2013	**67041**	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	0.160	60
2013	**67042**	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	0.160	60
2010	**67220**	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	**67210**	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	0.199	15
2012	**66982**	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0.207	33
2012	**66984**	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	**65800**	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	0.217	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: 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) 31601

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national 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

Professional Liability Insurance Information (PLI)

If the 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: **8.00**
Presented Recommended RVU: **6.00**
Global Period: 000 RUC Recommended RVU: **6.00**

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

RUC Meeting Date (mm/yyyy)	04/2016				
Presenter(s):	Peter Manes, MD; Charles Mabry, MD, FACS				
Specialty(s):	AAO-HNS, ACS				
CPT Code:	31603				
Sample Size:	1802	**Resp N:** 61	**Response:** 3.3 %		
Description of Sample:	random selection from each society's membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	125.00
Survey RVW:	3.00	6.00	**8.00**	9.00	16.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	15.00	**30.00**	30.00	75.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31603	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**40.00**	**-10.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**21.00**	**9.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
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:

Key CPT Code	Global	Work RVU	Time Source
32608	000	6.84	**RUC Time**

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,704

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 37.7 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 13.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 31603	Top Key Reference CPT Code: 43274	2nd Key Reference CPT Code: **32608**
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
Median Total Time	**105.00**	**139.00**	**155.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.00
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
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.22	0.88

Physical effort required	1.13	0.63

Psychological Stress (Mean)

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

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

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 IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the 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 IWPUT of 0.215 for 31603 with a work RVU of 8.00.

RUC	CPT	DESCRIPTOR	IWPUT	INTRA TIME
2010	**67220**	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	0.183	15
2010	**67210**	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	0.199	15
2012	**66982**	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0.207	33
2012	**66984**	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	**65800**	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	0.217	5
2009	**67028**	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

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) 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**
Global Period: 000 RUC Recommended RVU: **6.45**

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.				

	Low	25th pctl	Median*	75th pctl	High
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

CPT Code:	31605	**Recommended Physician Work RVU: 6.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**40.00**	**-25.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**20.00**	**-15.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**21.00**	**21.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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:

Key CPT Code	Global	Work RVU	Time Source
32608	000	6.84	**RUC Time**

CPT Descriptor Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
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 2nd Key Reference Code: 2 **% of respondents:** 10.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31605	Top Key Reference CPT Code: 43274	2nd Key Reference CPT Code: **32608**
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
Median Total Time	**64.00**	**139.00**	**155.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	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

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	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.67	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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 25th 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

of the patient presentation and history, preparing to perform 31605 including ordering supplies and equipment, and scrubbing and gowning. In this case intubation typically fails, making 31605 necessary. Once the surgeon steps in to perform 31605, the patient will need to be repositioned with the neck extended and the shoulders elevated on a small roll. The patient will also be marked, draped and prepped. For this work, we are recommending 3 minutes for positioning. Our expert panel agrees that 23 minutes total (15 min for eval, 3 minutes for positioning, and 5 min for sdw) accounts for the surgeon's time preparing for 31605 and also takes into account the fact that this service is typically billed with a critical care visit.

Post-time Package 7b

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.

Code Comparison

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).

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) 31605

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty otolaryngology How often? Rarely

Specialty general surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization 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? 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 %
Specialty general surgery	Frequency 100	Percentage 31.34 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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: **11.00**
Presented Recommended RVU: **12.00**
Global Period: 090 RUC Recommended RVU: **12.00**

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 10% , 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%

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 ligature. 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: The surgeon will closely monitor and evaluate the flaps for viability; monitor the patient for pneumothorax, pneumomediastinum, or subcutaneous emphysema; and monitor the wound for infection. The surgeon will assess the patient to determine the need for continued inflation of the tracheostomy cuff and remove and replace the tracheostomy after several days. The patient's vocalization and swallowing will be closely monitored for signs of esophageal damage or laryngeal nerve damage. This is in addition to charting patient progress, answering patient and family questions, writing orders for suctioning, humidified air, breathing therapy, pain management, and labs, as required, and answering 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: At each office visit, the surgeon will examine the patient, inspect the larynx, remove the tracheostomy and examine the 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 and appropriateness of speaking valve candidacy, when appropriate, discuss proper maintenance of tracheostomy including stoma care, cauterize any granulation tissue at stoma site, and chart progress notes. At each visit, the surgeon will also monitor for long term tracheostomy complications such as narrowing of the trachea, formation of a fistula between the trachea and esophagus or between the trachea and the innominate artery, infection, or bacterial colonization which can lead to pneumonia.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Peter Manes, MD; Charles Mabry, MD, FACS; Nader Massarweh, MD				
Specialty(s):	otolaryngology (AAO-HNS), general sugery (ACS)				
CPT Code:	31610				
Sample Size:	1642	**Resp N:**	94	**Response:** 5.7 %	
Description of Sample:	random selection from each society's membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	12.00	75.00
Survey RVW:	6.50	10.00	**11.00**	12.00	20.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	30.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**135.00**	99231x **2.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31610	**Recommended Physician Work RVU: 12.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**135.00**	99231x **2.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
41120	090	11.14	**RUC Time**

CPT Descriptor Glossectomy; less than one-half tongue

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21015	090	9.89	**RUC Time**	858

CPT Descriptor 1 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58720	090	12.16	**RUC Time**	2,652

CPT Descriptor 2 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 18.0 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 18.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31610	Top Key Reference CPT Code: 41120	2nd Key Reference CPT Code: **38542**
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
Median Total Time	**367.00**	**278.00**	**198.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.27	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

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

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
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 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 and Discussion of Global Period

In the Final Rule for 2016 CMS identified code 31600 via the High Expenditure Procedures screen and codes 31601, 31603, 31605, and 31610 were added as family codes for survey. These services were surveyed and reviewed at the April 2016 RUC meeting and recommendations were sent to CMS.

In the RUC's Summary of Recommendation to CMS for 31610, the first recommendation states: *"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."* After carefully considering this statement, and its far-reaching implications, we requested through appeal (June 13, 2016) that the RUC remove this statement as a rationale for action on this code. There are several reasons why we think this particular rationale should be rejected, including the precedent it would set for other services with a global period moving forward. We do not believe that a negative IWPUT, per se, should be the primary criteria to change a global period. Global surgery and global period assignment is clearly defined in the Medicare Claims Processing Manual (Chapter 12, Sections 40 and 40.1): Codes with "000" global assignment are endoscopies or some minor surgical procedures; codes with "010" global assignment are other minor procedures; and codes with "090" global assignment are major surgeries. In this instance, code 31610 is clearly a major surgery that involves the permanent placement of a tracheostomy tube and creation of flaps that require specific postoperative care. The post-operative facility and office work were outlined in our summary of recommendation (SoR) and was discussed at length during our presentation at the April 2016 meeting.

In addition, during the meeting, a comment was made by a RUC member that the postoperative work for 31610 was widely variable and that a 000 global assignment would correct valuation for the variability in postoperative work. We think the postoperative hospital and office work for 31610 is no more variable than any other major procedure with a 090 global assignment. In support of this statement, our survey data 25th, median, and 75th percentile length of stay data (3, 5, and 7, respectively) is very tight and matches the 25th, median, and 75th percentile length of stay data for the corresponding DRG (013).[1]

In our appeal letter, we also presented compelling evidence of a flawed methodology in the original valuation of this low volume code that resulted in underestimation of physician work. This information was not presented at the April 2016 RUC meeting.

[1] Table 7B Medicare Prospective Payment System Selected Percentile Lengths of Stay; FY2014 MedPAR Update - March 2015 Grouper V33 MS-DRGs

The Ad Hoc Appeals Committee unanimously recommended that the RUC reconsider its recommendation for 31610. The Committee unanimously agreed that there is compelling evidence that the previous valuation was flawed. The Committee supports the specialty society recommendation for a 090-day global period assignment but that recommendation was not unanimous. The Committee determined that the work RVU should be discussed by the entire RUC. ***The Committee anticipates more information from the specialty societies to foster discussion regarding the compelling evidence that the original valuation was flawed.***

Compelling Evidence

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. The April 2016 RUC survey is the first survey data available to compare to the Harvard study. Upon review of these data, it is clear that a flawed methodology to collect data and assign visits for this low volume code resulted in undervaluation of 31610 in the initial Medicare fee schedule.

Flawed methodology in previous valuation- Evidence that incorrect assumptions were made in the previous valuation.

1) **Unexplained discrepancy in the intra-service time:** 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 Harvard survey was 52 minutes (see attached page from the Harvard Phase III preliminary report[2]). However, in the final data spreadsheet submitted to HCFA (now CMS), dated March 1992, the intraoperative time was shown as 61 minutes for 31610 even though 31610 was not part of the national follow-up survey to validate selected high volume (anchor) codes. There is no documentation in any Harvard Report about why the time for this low volume code was changed from a surveyed 52 minutes to 61. **We believe the unexplained discrepancy in the intraoperative time is evidence that an incorrect assumption was made in the valuation of 31610. This meets compelling evidence that the original valuation was flawed.**

2) Underestimation of post-operative visits and physician work: As noted above, postoperative visits were computed by algorithm using the intraoperative time from multiple small panels of general otolaryngologists in order to obtain enough responses; postoperative visits were not surveyed for code 31610. The Harvard study imputed visits were four 99231, one 99238, and three 99212. This information, as documented in the Harvard study report, is the basis for calculating the postoperative work. In comparison, the current RUC survey indicates that while there were still four hospital visits following the procedure, two of them were higher levels (one 99233 and one 99232). Additionally, survey respondents indicated that there were still three office visits, but that all three visits were at a higher level (99213) than the Harvard estimates. The work required at each visit was discussed at the previous presentation to the RUC in April 2016, and the RUC agreed with the recommended level of visits.

It is important to note that the typical patient will be discharged to ICU after the operation and the surgeon will closely monitor and evaluate the flaps for viability; monitor the patient for pneumothorax, pneumomediastinum, or subcutaneous emphysema; and monitor the wound for infection. The surgeon will assess the patient to determine the need for continued inflation of the tracheostomy cuff and remove and replace the tracheostomy after several days. The patient's vocalization and swallowing will be closely monitored for signs of esophageal damage or laryngeal nerve damage. This is in addition to charting patient progress, answering patient and family questions, writing orders for suctioning, humidified air, breathing therapy, pain management, and labs, as required, and answering nursing and/or other staff questions. In addition, at each office visit, the surgeon will examine the patient, inspect the larynx, remove the tracheostomy and examine the 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 the stoma site, and chart progress notes. At each visit, the surgeon will also monitor for long term tracheostomy complications such as narrowing of the trachea, formation of a fistula between the trachea and esophagus or between the trachea and the innominate artery, an assess for signs of infection or bacterial colonization which can lead to pneumonia. **We believe that the algorithm used to assign postoperative hospital and office visits for low volume**

[2] Hsiao, W.C., Braun, P., Becker, E.R., et al.: A National Study of Resource-Based Relative Value Scales for Physician Services: Phase III Study Report to the Health Care Financing Administration. HCFA Contract No. 17-C-98795/1-03. Boston, MA: Harvard School of Public Health, August 30, 1992. Vol. II, Appendices B through C: 113.

code 31610 underestimated the level of postoperative work required, and therefore, underestimated the relative work RVU. This meets compelling evidence that the original valuation was flawed.

Recommendation for 31610

We recommend the survey 75th percentile work RVU of 12.00 for code 31610. This increased value accounts for a higher level of postoperative work compared with the work estimated during the flawed Harvard review.

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 13 minutes to be consistent with the survey median.

Key Reference Service Comparison

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
41120	Glossectomy; less than one-half tongue	**11.14**	0.071	**278**	60	60	30				0.5	1	3	
31610	Tracheostomy, fenestration procedure with skin flaps	**12.00**	0.028	**367**	60	45	20	1	1	2	1		3	
38542	Dissection, deep jugular node(s)	**7.95**	0.066	**198**	58	60	15				0.5		2	

MPC Comparison

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	13	12
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	**9.89**	0.053	**277**	68	75	30				0.5	3	1
31610	Tracheostomy, fenestration procedure with skin flaps	**12.00**	0.028	**367**	60	45	20	1	1	2	1	3	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	**12.16**	0.062	**309**	52	90	30		1	1	1	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) 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? 1,722
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 1450 Percentage 84.20 %

Specialty general surgery Frequency 150 Percentage 8.71 %

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.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	31610	**# of Respondents:**	94
Survey Code Descriptor:	Tracheostomy, fenestration procedure with skin flaps		

Top Ref Code:	41120	**# of Respondents:**	17	**% of Respondents:**	18%
Top Ref Code Descriptor:	Glossectomy; less than one-half tongue				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	6%	35%	41%	18%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		24%	41%	35%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		12%	41%	47%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		6%	29%	65%		
Technical Skill:		**Less**	**Identical**	**More**		
		12%	35%	53%		
Physical Effort:		**Less**	**Identical**	**More**		
		12%	41%	47%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		6%	18%	76%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		6%	59%	35%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	24%	76%		

ISSUE: Tracheostomy
TAB: 21

					RVW					Total	pre	PRE			INTRA				POST-FACILITY					POST-OFFICE
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33 32 31	38 39	15 14 13 12 11
REF1	32608	Thoracoscopy; with diagnostic biopsy	14	0.083			6.84			155		30	15	20			60			30				
REF2	43210	Esophagogastroduodenoscopy, flexil	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 cholangiopan	11	0.104			8.58			139		33	10	5			68			23				
REF2	43210	Esophagogastroduodenoscopy, flexil	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 cholangiopan	23	0.104			8.58			139		33	10	5			68			23				
REF1	32608	Thoracoscopy; with diagnostic biopsy	8	0.083			6.84			155		30	15	20			60			30				
RUC-95 DNU	31603	Tracheostomy, emergency procedure		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 cholangiopan	15	0.104			8.58			139		33	10	5			68			23				
REF2	32608	Thoracoscopy; with diagnostic biopsy	7	0.083			6.84			155		30	15	20			60			30				
HVD	31605	Tracheostomy, emergency procedure		0.265			3.57			67		13		25			10			19				
SVY	31605	Trach, emergency; cricothyroid mem	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 tong	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 procedur		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				0.028			12.00			367	4	40	10	10			45			20	9b	1 1 2	1	3

Tab Number: 15

Issue: Tracheostomy

Code(s): 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.)

Signature:	
Print Name:	Charles Mabry, MD, FACS
Specialty Society:	American College of Surgeons
Date:	August 19, 2016

Tab Number: 15

Issue: Tracheostomy

Code(s): 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.)

Signature:	
Print Name:	Peter Manes, MD
Specialty Society:	American Academy of Otolaryngology – Head and Neck Surgery
Date:	August 19, 2016

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

31600	Tracheostomy, planned (separate procedure);
31601	Tracheostomy, planned (separate procedure); younger than 2 years
31603	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

CPT Code: 31600, 31601, 31603
Specialty Society(s): AAO-HNS, ACS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

*****Non-facility direct inputs do not apply to these codes.*****

31600	Tracheostomy, planned (separate procedure);
31601	Tracheostomy, planned (separate procedure); younger than 2 years
31603	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

31610	Tracheostomy, fenestration procedure with skin flaps

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.*****

31610	Tracheostomy, fenestration procedure with skin flaps

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				REF CODE		Recommend		REF CODE		Recommend		REF CODE		Recommend	
2				31600		31600		31601		31601		31603		31603	
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				REFERENCE CODE		Recommend	
2				31610		31610	
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	**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**
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	**SERVICE PERIOD**						
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
46	**End: Patient leaves office**						
47	**POST-SERVICE Period**						
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				REFERENCE CODE		Recommend	
2				31610		31610	
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	**MEDICAL SUPPLIES***	**CODE**	UNIT				
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	**EQUIPMENT**	**Code**					
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
CMS High Expenditure Procedures

October 2016

Insertion of Catheter

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. Prior to the January 2016 RUC meeting, the specialty societies notified the RUC that CPT code 36556 *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* (work RVU=2.50) was to be reviewed by the RUC at the October 2016 meeting. The specialty requested that codes 93503 *Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes* (work RVU=2.91) and 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU=1.15) be postponed to the October 2016 meeting so that they could survey all three codes together. The RUC recommended deferring CPT codes 36556, 93503, and 36620 to the October 2016 RUC meeting. The family was expanded to include CPT code 36555 *Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age* (work RVU=2.68).

36555 Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
The RUC reviewed the survey results from 40 anesthesiologists and recommends the following physician time components: pre-service time of 23 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated work RVU values and agreed with the specialty society that the respondents did not adequately account for the increased complexity of the physician work involved in this pediatric code 36555 compared to the adult code 36556. While both services have the same intra-service time, there is increased risk of nerve or arterial injury due to the limited space in a child. Therefore, the RUC reviewed the current increment between these two codes (0.18) and agreed that this value accurately captures the intensity difference. The RUC added the increment of 0.18 to the recommended work RVU of 1.75 for CPT code 36556 to arrive at a recommended work RVU of 1.93 for CPT code 36555. To justify a work RVU of 1.93, the RUC compared the surveyed code to CPT code 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU= 1.90, intra time= 15 minutes) and agreed that these two services have nearly identical physician time and should be valued similarly. The RUC also reviewed CPT code 49451 *Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 1.84, intra time= 15 minutes) and agreed that this service, with identical intra time and analogous work, also provided support that the recommended value is accurate. **The RUC recommends a work RVU of 1.93 for CPT code 36555.**

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36556 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
The RUC reviewed the survey results from 141 anesthesiologists and radiologists and recommends the following physician time components: pre-service time of 20 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated work RVU values and agreed that the 25th percentile work RVU of 1.75 is appropriate for this code. To justify a work RVU of 1.75, the RUC compared the surveyed code to several 000-day global codes with identical intra-service time: CPT code 64461 *Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)* (work RVU= 1.75), 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90), and 53855 *Insertion of a temporary prostatic urethral stent, including urethral measurement* (work RVU= 1.64). The RUC agreed that the recommended work RVU of 1.75 accurately placed code 36556 in the range of these similar services. **The RUC recommends a work RVU of 1.75 for CPT code 36556.**

36620 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
The RUC reviewed the survey results from 101 anesthesiologists and radiologists and recommends the following physician time components: pre-service time of 7 minutes, intra-service time of 7 minutes and immediate post-service time of 3 minutes.

The RUC reviewed the survey respondents' estimated work RVU values and agreed that the 25th percentile work RVU of 1.00 is appropriate for this code. To justify a work RVU of 1.00, the RUC compared the surveyed code to the top key reference service 64450 *Injection, anesthetic agent; other peripheral nerve or branch* (work RVU= 0.75, intra time= 5 minutes) and noted that code 36620 has more intra-service time and additional complexity compared to the reference code and is justifiably valued higher. The RUC also reviewed codes 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* (work RVU= 1.10) and 64405 *Injection, anesthetic agent; greater occipital nerve* (work RVU= 0.94) and agreed that both these analogous codes provide additional support to the recommended value. **The RUC recommends a work RVU of 1.00 for CPT code 36620.**

93503 Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
The RUC reviewed the survey results from 76 anesthesiologists and radiologists and recommends the following physician time components: pre-service time of 12 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated work RVU values and agreed that the 25th percentile work RVU of 2.00 is appropriate for this code. To justify a work RVU of 2.00, the RUC compared the surveyed code to CPT codes 62318 *Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid,*

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steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic (work RVU= 2.04, intra time= 15 minutes) and 69801 *Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal* (work RVU= 2.06, intra time= 15 minutes) and agreed that both services have nearly identical physician time and support the recommended value. **The RUC recommends a work RVU of 2.00 for CPT code 93503.**

Practice Expense:
The RUC accepted the direct PE inputs as slightly modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
36555 (f)	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	000	1.93
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	000	1.75
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	000	1.00
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	000	2.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36555 Tracking Number

Original Specialty Recommended RVU: **2.38**
Presented Recommended RVU: **1.93**
RUC Recommended RVU: **1.93**

Global Period: 000

CPT Descriptor: Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2 year-old male needs a central venous catheter. A percutaneous non-tunneled centrally inserted central venous catheter is inserted.

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%

Description of Pre-Service Work: The procedure is explained to the patient's parents and consent obtained. Prior medical records, including any history of prior CV catheter placements/attempts, are reviewed. Arrangements are made with OR/angio suite and anesthesia. Physician assists with patient positioning and scrubs in standard fashion. After gowning, access site is prepped and draped in usual fashion.

Description of Intra-Service Work: Local lidocaine anesthesia is administered. The subclavian/jugular vein is punctured and a guidewire passed centrally. The CV catheter is then placed over the guidewire. The catheter is sutured in position and dressed in standard fashion, and attached to IV infusion fluids.

Description of Post-Service Work: Orders are written for catheter care as well as for portable CXR. Catheter position is confirmed and no pneumothorax is detected. Catheter and insertion site wound care is prescribed. A note is placed in the patient chart and report dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Marc Leib, M.D., Richard Rosenquist, M.D.				
Specialty(s):	American Society of Anesthesiologists				
CPT Code:	36555				
Sample Size:	3490	**Resp N:** 40	**Response:** 1.1 %		
Description of Sample:	ASA - Random sample of 3490				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**3.00**	10.00	75.00
Survey RVW:	1.00	1.79	**2.13**	2.72	5.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	10.00	**15.00**	21.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36555	**Recommended Physician Work RVU: 1.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**13.00**	**2.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32556	000	2.50	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32554	000	1.82	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	44,471

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,592

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
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: 8 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 36555	Top Key Reference CPT Code: 32556	2nd Key Reference CPT Code: **32554**
Median Pre-Service Time	23.00	22.00	21.00
Median Intra-Service Time	15.00	20.00	20.00
Median Immediate Post-service Time	10.00	18.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**48.00**	**60.00**	**56.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.63	0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.57
Urgency of medical decision making	0.63	0.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.88	1.29
Physical effort required	0.38	0.43

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.00	1.00
Outcome depends on the skill and judgment of physician	0.50	0.86
Estimated risk of malpractice suit with poor outcome	0.38	1.14

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.13	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 36555 was brought forward for review as part of the code family of 36556, which CMS identified on its 2016 MPFS NPRM Table 8 High Expenditure by Specialty screen and requested that the RUC survey this code. The specialties expanded the family to include CPT code 36555, the companion code for patients younger than 5 years of age.

Survey Process

The American Society of Anesthesiologists (ASA) conducted a random survey of members and assembled an expert panel to review the data to develop the following recommendations. The response rate for 36555 was not as robust as it was for 36556. This was expected, as there are fewer doctors who perform central venous catheter placement procedures on patients under 5 yrs. of age. This is also apparent in the performance rate where the minimum and 25th percentile were 0, and the median had a performance rate of 3. Because of this relative inexperience with the procedure, we believe the respondents likely underestimated both the times and the work RVUs for this procedure.

Work RVU Recommendation:

ASA recommends a work value of 2.38 wRVUs for this code. We suggest this is an appropriate value as it preserves the current differential of 0.18 wRVUs between central line placement in a patient over 5 years of age and those under 5 years of age. This differential recognizes the inherent increased difficulties and risks of central line placements in young children. This recommended value also avoids creating a rank order anomaly with other line placement codes, such as 36556. The recommended value of 2.38 wRVUs results in a reduction of 0.30 wRVUs from its current value.

Time Recommendations:

We recommend pre-service package 1A with an additional 2 minutes of pre-service evaluation time for a total of 15 minutes due to patient age, an additional 2 minutes for positioning for a total of 3 minutes, and 5 minutes for scrub, dress, and wait. These times parallel the pre-service times for both Key Reference Services, and are

supported by the survey times. This represents a 7 minute reduction compared to the current pre-service times. We recommend 15 minutes of intra-service time and 10 minutes of post-service time. This is a 5 minute reduction in the intra-service time and the same post-service time as the current procedure times.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 32556 *(Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance)* chosen by 20% of respondents, and 32554 *(Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance)* chosen by 17.5% of respondents.

Our recommendation for 36555 has a work RVU bracketed by the two KRS codes, which each have slightly longer intra-service times compared to the surveyed code (see Table below). The valuation and time differences are clinically appropriate given the patient population, technical difficulty, and physician work intensity differences between these codes. For example, the surveyed code (36555) has lower service period times than 32556, but the survey code involves inserting catheters into small children, so the value difference is appropriate. Additionally, the surveyed code is valued higher relative to 32554 because of the differences in risk and technical skill in accessing the vasculature versus the pleural space. Even though 32554 has a longer intra-service time, some of that work is less intense (i.e. time for draining fluid).

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	56	21	20	15	0.054
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	2.38	48	23	15	10	0.114
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	2.50	60	22	20	18	0.084

MPC Codes:
The surveyed code compares well with two MPC codes: 64479 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level)*, and 51102 *(Aspiration of bladder; with insertion of suprapubic catheter).*

One of these MPC codes has 1 minute more of total time but the same intra-service and post-service times. The slightly greater wRVU value for the survey code represents the differences in intensity based on patient age. The second MPC code has a significantly greater wRVU value with greater pre-service, intra-service and post-service times. However, most of the increase in total time is due to pre-service and post-service times, which explains why the IWPUT for this MPC code is less than the other codes. The surveyed code is appropriately valued between the values of these two comparison codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	49	24	15	10	0.108
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	2.38	48	23	15	10	0.114
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.70	60	25	20	15	0.0938

Summary:
Our recommendations for 36555 are supported by the expert panel, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

Updated Information 10-6-2016:

Rank order relativity between 36555 & 36556.
36556 is the code used for inserting non-tunneled central line catheter in older children (5 years and older) and adults, while 36555 is the code used for inserting the same type of catheter on infants, toddlers, and very young children (less than 5 years of age). Although the procedure is the same in both, the intensity of work is greater when placing central lines in infants and toddlers. Rank order relativity within the codes means wRVU for 36555 should be higher. Therefore we would like to present 36556 and determine its value then discuss 36555.

Again, we wish to thank the RUC reviewers for their feedback. As a result, we again convened an expert panel to address this feedback.

It should be noted that the median wRVU from 36555 survey data (2.13 wRVUs) is lower than the median wRVU from 36556 survey (2.2 wRVUs). These work RVU survey values are inconsistent with the rank order relativity of these procedures. As such, the expert panel agrees that the work RVU survey data is not reflective of the service. The expert panel posits that the cause of this rank order relativity issue is due to the respondents' very low performance rate.

To address this rank order relativity issue the expert panel agreed that the *current* incremental value between 36555 and 36556 of 0.18 wRVU is appropriate. Therefore, to preserve Rank Order Relativity, the panel recommends a wRVU of 2.38 for 36555 (2.20 (recommended value for 36556) + 0.18), which reflects a decrease from the current value of this service, 2.68 RVUs. To support this value, we provide crosswalks to two codes, MPC code 52000 *Cystourethroscopy* and 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple,* to bracket this recommendation. Please review time and work comparisons listed below in Table 3.

Table 3: 36555

CPT Code	MPC	Work RVU	Intra-Time	Total Time	Global
52000	Yes	2.23	15	42	0
36555		2.38	15	48	0
43239		2.49	15	54	0

wRVU recommendation. We respectfully recommend 2.38 wRVUs (lower than current value) for code 36555 with no change in times from the SOR (pre-service time of 23 min, 15 min intra, 10 minutes post-service time).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 36555

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 75,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. expert panel estimate

Specialty Anesthesiology	Frequency 41663	Percentage 55.55 %
Specialty General Surgery	Frequency 11108	Percentage 14.81 %
Specialty Pediatric Medicine	Frequency 8328	Percentage 11.10 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 27 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, 2015 utilization

Specialty Anesthesiology	Frequency 15	Percentage 55.55 %
Specialty General Surgery	Frequency 4	Percentage 14.81 %
Specialty Pediatric Medicine	Frequency 3	Percentage 11.11 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36555

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	36555	**# of Respondents:**	40
Survey Code Descriptor:	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age		

Top Ref Code:	32556	**# of Respondents:**	8	**% of Respondents:**	20%
Top Ref Code Descriptor:	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	0%	0%	88%	12%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		12%	25%	63%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		12%	38%	50%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		12%	25%	63%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	37%	63%		
Physical Effort:		**Less**	**Identical**	**More**		
		12%	50%	38%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		0%	12%	88%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	63%	37%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		12%	38%	50%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36556 Tracking Number Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: 000 RUC Recommended RVU: **1.75**

CPT Descriptor: Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female needs a central venous (CV) catheter. A centrally inserted, nontunneled, CV catheter is inserted.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Explain the procedure to the patient and obtain informed consent. Review prior medical records, including any history of prior CV catheter placements and/or attempts. Assist with patient positioning and scrub in standard fashion. Prepare the access site and drape in standard fashion.

Description of Intra-Service Work: The patient is placed in Trendelenburg position and the side of neck is prepped, draped, and infiltrated with local anesthetic. An IV catheter is inserted into the internal jugular vein and the needle is withdrawn. A guide wire is inserted through the IV catheter and the IV catheter is withdrawn leaving the guide wire in place. A dilator is introduced over the guide wire and then withdrawn. The central venous catheter is then inserted over the guide wire. The guide wire is removed and the CV line is sutured in place. The wound is dressed in standard fashion. The line is either flushed and capped or connected to an IV infusion line. The catheter is sutured in place and a sterile dressing is applied.

Description of Post-Service Work: Write orders for catheter care as well as for a portable chest X ray. Confirm catheter position, and confirm no pneumothorax is detected. Place a note in the patient's chart and dictate report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD; Kurt Schoppe, MD				
Specialty(s):	American College of Radiology, American Society of Anesthesiologists				
CPT Code:	36556				
Sample Size:	4240	**Resp N:**	141	**Response:** 3.3 %	
Description of Sample:	ACR - Random sample of 375 from General Membership, random sample of 375 from ACR Membership that do Interventional Radiology, ASA - Random sample of 3490				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**40.00**	80.00	1200.00
Survey RVW:	0.89	1.75	**2.20**	2.56	10.00
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	120.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36556	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**12.00**	**13.00**	**-1.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32556	000	2.50	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49083	000	2.00	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	44,471

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	992,084

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 32.6 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 36556	Top Key Reference CPT Code: 32556	2nd Key Reference CPT Code: **49083**
Median Pre-Service Time	20.00	22.00	25.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	5.00	18.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**60.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.35	0.10
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.22	0.30
Urgency of medical decision making	0.68	0.85
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.51	0.80
Physical effort required	0.43	0.30

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.52	0.85
Outcome depends on the skill and judgment of physician	0.46	0.65
Estimated risk of malpractice suit with poor outcome	0.48	0.65

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.54	0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CMS identified CPT code 36556 on its 2016 MPFS NPRM Table 8 High Expenditure by Specialty screen and requested that the RUC survey this code. The specialties expanded the family to include CPT code 36555, the companion code for patients younger than 5 years of age.

Survey Process

The American College of Radiology (ACR) and American Society of Anesthesiologists (ASA) conducted a random survey of members and assembled an expert panel to review the data to develop the following recommendations.

Work RVU Recommendation:

We recommend a work RVU of 2.20, which is the survey median, and a 0.30 work RVU reduction from the current value of 2.50.

Time Recommendations:

We recommend pre-service package 1A with 12 minutes of pre-service evaluation time, an additional 2 minutes for positioning for a total of 3 minutes, and 5 minutes for scrub, dress, and wait. These times parallel the pre-service times for both Key Reference Services, and are supported by the survey times. This represents a 5 minute reduction compared to the current times.

We recommend the median survey intra- and post-service time of 15 minutes and 5 minutes, respectively. This is the same intra-service time as the current procedure, but a 5 minute reduction in the post-service period.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 32556 *(Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance)* chosen by 33% of respondents, and 49083 *(Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance)* chosen by 14% of respondents.

Our recommendation for 36556 has a work RVU bracketed by the two KRS codes, which each have slightly longer intra-service times compared to the surveyed code (see Table below). The valuation and time differences are clinically appropriate given the patient population, technical difficulty, and physician work intensity differences between these codes. For example, the surveyed code (36556) has lower service period times than 32556, but both involve inserting catheters, so the value difference is appropriate. Additionally, the surveyed code is valued higher relative to 49083 because of the differences in risk and technical skill in accessing the vasculature versus the peritoneal space, even though 49083 has a longer intra-service time, some of that work is less intense (i.e. time for draining fluid).

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	2.00	60	25	25	10	0.052
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.20	40	20	15	5	0.114
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	2.50	60	22	20	18	0.084

MPC Codes:
The surveyed code compares well with two MPC codes: 64479 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level)*, and 52000 *Cystourethroscopy (separate procedure).*

Both of these MPC codes have slightly higher total times, but identical intra-service times, compared with the surveyed code. The surveyed code is appropriately valued in between both of these comparison codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	49	24	15	10	0.082
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	2.20	40	20	15	5	0.114
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	49	24	15	10	0.108

Summary:
Our recommendations for 36556 are supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

Updated Information 10-6-2016:

Again, we thank the reviewers for their comments and feedback. To address that feedback, we would like to provide the following information.

With respect to the wRVU Recommendation: We would like to recommend maintaining the recommended value of 2.20 wRVUs, which is lower than current value of 2.50 wRVUs with no change in times from the SOR (pre-service time of 20 min, 15 min intra, 5 minutes post-service time).

To address the feedback provided by the Primary Reviewers, an expert panel reconvened and agreed that the recommended value of 2.20 wRVUs appropriately reflects the work associated with providing this service. To support the recommendation, we would like to reference MPC code 52000 *Cystourethroscopy* for a crosswalk. In addition, the intra-service times between 36556 and 52000 are the same, 15 minutes, and the total service time is very similar, 40 minutes and 42 minutes respectively.

We also offer two additional reference codes to further substantiate the recommended value of this service. The codes are 69801 *Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal* and 32555 *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance*. It should be noted that despite 69801 having the same intra service time as the surveyed code, the expert panel agreed that this reference code was less intense a service to perform. Further, the expert panel agreed that the surveyed code had less intra service time and total service time than the 32555 reference code, 15/20 minutes and 40/57 minutes, respectively. The specialty recommends 2.20 wRVUs for 36556. (See Table 2)

Table 2: 36556

CPT Code	MPC	Work RVU	Intra-Time	Total Time	Global
69801		2.06	15	43	0
52000	Yes	2.23	15	42	0
36556		2.2	15	40	0
32555		2.27	20	57	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 36556

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1,370,000
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 utilization.

Specialty Anesthesiology Frequency 395519 Percentage 28.87 %

Specialty Radiology Frequency 167688 Percentage 12.24 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 456,455 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, 2015 utilization

Specialty Anesthesiology Frequency 131779 Percentage 28.87 %

Specialty Radiology Frequency 55871 Percentage 12.24 %

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 36556

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	36556	**# of Respondents:**	141
Survey Code Descriptor:	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		

Top Ref Code:	32556	**# of Respondents:**	46	**% of Respondents:**	32.6%
Top Ref Code Descriptor:	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	2%	44%	52%	2%

Overall Intensity and Complexity:				
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		7%	52%	41%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		15%	54%	31%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		0%	43%	57%
Technical Skill:		**Less**	**Identical**	**More**
		4%	48%	48%
Physical Effort:		**Less**	**Identical**	**More**
		2%	57%	41%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		7%	43%	50%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		0%	59%	41%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		9%	41%	50%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36620 Tracking Number Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **1.00**
Global Period: 000 RUC Recommended RVU: **1.00**

CPT Descriptor: Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is admitted to the hospital because of chest pain and shortness of breath. An arterial catheter is inserted, both to monitor blood pressure and to obtain frequent arterial blood samples.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

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%

Description of Pre-Service Work: Explain reason for procedure to patient and/or family. Inform patient of benefits, possible complications, and risks of procedure. Examine potential access sites.

Description of Intra-Service Work: Prepare puncture site with appropriate antiseptic. Locate artery using ultrasound guidance (separately reportable). Insert needle with intra-catheter into the target artery. Thread the catheter into the artery and withdraw the needle. Take a blood sample for ABG analysis. Irrigate the catheter with saline and insert an obturator into the catheter, which is then fixed to the skin. Depending upon hospital protocol, this fixation may include sutures. If the arterial catheter is to be used for monitoring, connect the catheter to a transducer and flush system. Inspect the catheter and puncture site and palpate the radial pulse and hand perfusion.

Description of Post-Service Work: Document placement of the catheter in a procedure note in the medical chart and write appropriate orders for care of the catheter site.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Marc Leib, M.D., Richard Rosenquist, M.D.				
Specialty(s):	American Society of Anesthesiologists				
CPT Code:	36620				
Sample Size:	3490	**Resp N:** 101	**Response:** 2.8 %		
Description of Sample:	ASA - Random sample of 3490				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**50.00**	100.00	550.00
Survey RVW:	0.68	1.00	**1.37**	1.75	5.00
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	2.00	5.00	**7.00**	10.00	120.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36620	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**13.00**	**-11.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**6.00**	**-3.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**18.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64450	000	0.75	**RUC Time**

CPT Descriptor Injection, anesthetic agent; other peripheral nerve or branch

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64448	000	1.63	**RUC Time**

CPT Descriptor Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	86,781

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	49,950

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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 19.8 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 15.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 36620	Top Key Reference CPT Code: 64450	2nd Key Reference CPT Code: **64448**
Median Pre-Service Time	7.00	10.00	25.00
Median Intra-Service Time	7.00	5.00	15.00
Median Immediate Post-service Time	3.00	5.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**20.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.25	0.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.25	0.00
Urgency of medical decision making	0.50	1.06
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.15	0.00
Physical effort required	-0.15	-0.18

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.25	-0.50
Outcome depends on the skill and judgment of physician	-0.15	0.12
Estimated risk of malpractice suit with poor outcome	-0.60	-0.37

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.05	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CMS identified CPT code 36620 on its 2016 MPFS NPRM Table 8 High Expenditure by Specialty screen and requested that the RUC survey this code.

Survey Process

The American Society of Anesthesiologists (ASA) conducted a random survey of members and assembled an expert panel to review the data to develop the following recommendations. ASA sent out approximately 3500 surveys and received 101 responses for a response rate of 2.8%

Work RVU Recommendation:

The median survey value was 1.37 wRVUs, which is greater than the current value of 1.15 wRVUs. ASA recommends that code 36220 maintain its current value of 1.15 wRVUs.

Time Recommendations:

We recommend that this code maintain the pre-service times in the current RUC data base, which are markedly less than the survey results for these times. Specifically, we recommend Evaluation time of 2 minutes, Positioning time of 2 minutes and SDW time of 3 minutes. These are less than the survey results because this code is modifier-51 exempt. As such, the pre-service and post-service times are reduced, as noted in the RUC data base for this code. We also recommend the immediate post-service time of 3 minutes and intra-service time of 7 minutes, which are consistent with the survey results.

Key Reference Services:

Our recommendation for 36620 is bracketed by the two KRS codes selected by survey respondents: 64450 *(Injection, anesthetic agent; other peripheral nerve or branch)* chosen by 19.8% of respondents and 64448 *(Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement))* chosen by 15.8%. The Intra-service time for 36620 is also bracketed by the two KRS codes. It is difficult to

compare pre-service and post-service times to the KRS codes because those times for 36620 have been reduced to maintain this code's modifier-51 exempt status.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
64450	Injection, anesthetic agent; other peripheral nerve or branch	0.75	20	10	5	5	0.083
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.15	17	7	7	3	0.138
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	1.63	55	25	15	15	0.054

MPC Codes:
The surveyed code compares well with two MPC codes: 12011 *(Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less)* and 12013 *(Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm).*

Both of these MPC codes have higher total times compared with the surveyed code. However, as noted before, the pre-service and post-service times of the surveyed code have been significantly reduced to maintain its modifier-51 exempt status. If survey times are used, the total times are comparable. The requested value for the surveyed code is appropriate compared to the MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	24	7	12	5	0.068
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.15	17	7	7	3	0.138
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	27	7	15	5	0.064

Summary:
Our recommendations for 36620 are supported by the survey data, time comparisons, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

Updated information (10-6-2016)
We appreciate the reviewers' comments and feedback. To address that feedback, we would like to make the following recommendations.

With respect to the Intra-service and post-service descriptions: We will edit the SOR as suggested:

- "Inspect the catheter and puncture site and palpate the radial pulse and hand perfusion." Delete from post-service work and move into intra-service work.
- "Note that as long as the catheter is in place, daily monitoring of hand perfusion and withdrawal of blood samples will take place." Delete the sentence.

With respect to the wRVU Recommendation: We would like to recommend revising our recommendation to wRVU of 1.10 RVUs, from 1.15 wRVUs (the current value of the service). We recommend that the surveyed times stay the same (times of 7 minutes pre-service, 7 minutes intra-service, and 3 minutes post-service time).

Upon further reflection of the Primary Reviewer Comments, an expert panel was convened and agreed with the Primary reviewers that this SOR did not present sufficient support to maintain the current value. However, the panel also agreed that the 25th percentile is too low.

Therefore, we would like to propose a value of 1.10 wRVU based on a direct crosswalk to CPT code 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral*. The intensities of these two codes are similar and the intra-service time is exactly the same, 7 minutes.

We also provide two additional reference codes to bracket our recommendation. These codes are 20527 I*njection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)* and 64486 *Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)*. Please see Table 1 below for time and work RVU comparisons. The specialty recommends 1.10 wRVUs for 36620.

Table 1. 36620 Arterial Catheter

CPT Code	MPC	Work RVU	Intra-Time	Total Time	Global
20527		1.00	5	18	0
31231		1.10	7	21	0
36620		1.10	7	17	0
64486		1.27	10	35	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) on modifier 51 exempt list

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Per CPT, "Procedures on this list are typically performed with another procedure but may be a stand alone procedure and not always be performed with other specified procedures."

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1652649
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 utilization.

Specialty Anesthesiology Frequency 1438466 Percentage 87.04 %

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? 550,883 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, 2015 utilization

Specialty Anesthesiology Frequency 479489 Percentage 87.04 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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 36620

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	36620	**# of Respondents:**	101
Survey Code Descriptor:	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous		

Top Ref Code:	64450	**# of Respondents:**	20	**% of Respondents:**	19.8%
Top Ref Code Descriptor:	Injection, anesthetic agent; other peripheral nerve or branch				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	20%	60%	15%	5%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	40%	45%	15%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	40%	45%	15%
	Urgency of medical decision making	15%	25%	60%
Technical Skill:		25%	65%	10%
Physical Effort:		20%	75%	5%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	35%	50%	15%
	Outcome depends on the skill and judgment of physician	25%	65%	10%
	Estimated risk of malpractice suite with poor outcome	60%	25%	15%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93503 Tracking Number Original Specialty Recommended RVU: **2.58**
Presented Recommended RVU: **2.00**
Global Period: 000 RUC Recommended RVU: **2.00**

CPT Descriptor: Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with coronary artery disease following failure of lithotripsy to relieve ureteral obstruction from a stone develops circulatory failure. A pulmonary artery catheter is inserted to guide therapy secondary to urosepsis. He is hypotensive and exhibiting difficulty breathing.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

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%

Description of Pre-Service Work: Review records and laboratory and diagnostic tests. Communicate with other professionals and patient and/or family. Scrub and prepare patient and instruments and supplies for the procedure. Position patient for the procedure, which is often difficult because of unstable nature of patient. Assess status of antibiotic administration and order interventions if needed.

Description of Intra-Service Work: The patient is placed in Trendelenburg position and the side of neck is prepped, draped, and infiltrated with local anesthetic. An IV catheter is inserted into the internal jugular vein and the needle is withdrawn. A guide wire is inserted through the IV catheter and the IV catheter is withdrawn leaving the guide wire in place. A large bore introducer is inserted over the guide wire into the jugular vein and the guide wire is removed. The PA catheter is inserted in sterile fashion through the introducer. Pass the tip of the catheter down through the right atrium and right ventricle and into the pulmonary artery, sometimes with the use of fluoroscopy for direction (reported separately). On the tip of the catheter is a balloon that when inflated will occlude the pulmonary artery. Inflate the balloon during passage of the catheter through the heart. The interaction between right heart blood flow and the resistance created by the balloon facilitates passage of the catheter into the pulmonary artery. As the catheter tip passes through the heart into the lungs, it measures the pressures within the cardiac chambers and pulmonary artery. Obtain an estimate of left ventricular end-diastolic pressure (LVEDP) when the balloon is inflated and occludes the pulmonary artery. LVEDP correlates with preload, an important factor in determining adequacy of intravascular volume status. In addition, the PA catheter helps facilitate measurement of intermittent or continuous cardiac output, typically using a thermodilution technique. Some catheters also allow continuous measurement of mixed venous oxygen saturation (SvO2). Changes in SvO2 may indicate changes in oxygen supply-demand balance, a particularly important factor in the critically ill. The catheter is sutured in place and a sterile dressing is applied.

Description of Post-Service Work: The catheter is sutured in place and a sterile dressing is applied. Obtain a chest X-ray to confirm catheter placement and the absence of a pneumothorax. A procedure note is written in the medical record. Initial pressure readings are obtained and recorded in the chart. Because the PA catheter may remain in place for several days, there is a significantly increased risk of sepsis, venous thrombosis, and pulmonary infarction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Marc Leib, M.D., Richard Rosenquist, M.D.				
Specialty(s):	American Society of Anesthesiology				
CPT Code:	93503				
Sample Size:	3490	**Resp N:** 76	**Response:** 2.1 %		
Description of Sample:	ASA - Random sample of 3430				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**11.00**	44.00	150.00
Survey RVW:	1.25	2.00	**2.58**	3.31	18.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	15.00	**15.00**	20.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	93503	**Recommended Physician Work RVU: 2.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**13.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
32556	000	2.50	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62267	000	3.00	**RUC Time**

CPT Descriptor Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
64479	000	2.29	**RUC Time**	44,471

CPT Descriptor 1 Injections, transforaminal epidural, cervical or thoracic

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,592

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 18.4 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 93503	Top Key Reference CPT Code: 32556	2nd Key Reference CPT Code: **62267**
Median Pre-Service Time	12.00	22.00	34.00
Median Intra-Service Time	15.00	20.00	30.00
Median Immediate Post-service Time	10.00	18.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**37.00**	**60.00**	**79.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.85	0.72
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.92	0.54
Urgency of medical decision making	1.28	1.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.00	0.91
Physical effort required	0.71	0.45

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.28	1.00
Outcome depends on the skill and judgment of physician	1.21	1.09
Estimated risk of malpractice suit with poor outcome	1.21	1.09

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.28	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CMS identified CPT code 93503 on its 2016 MPFS NPRM Table 8 High Expenditure by Specialty screen and requested that the RUC survey this code.

Survey Process

The American Society of Anesthesiologists (ASA) conducted a random survey of members and assembled an expert panel to review the data to develop the following recommendations. ASA sent out approximately 3500 surveys and received 76 responses for a response rate of 2.1%

Work RVU Recommendation:

The median survey value was 2.58 wRVUs, which is 0.33 wRVUs less than the current value of 2.91 wRVUs. This represents a decrease of about 11.5%. ASA recommends that code 93503 be assigned the median survey value of 2.58 wRVUs. This recommendation is supported by the survey times, KRS codes and MPC comparisons

Time Recommendations:

The survey respondents indicated that the surveyed code has the same intra-service and post-service times as currently in the RUC data base, 15 minutes and 10 minutes respectively. ASA recommends that the RUC accept these times for the intra-service and post-service portions of the procedure.

The survey respondents also recommend a total of 25 minutes for pre-service times. However, ASA recommends that this code maintain the pre-service times in the current RUC data base, which are markedly less than the survey results. Specifically, we recommend Evaluation time of 5 minutes, Positioning time of 2 minutes and SDW time of 5 minutes. These are less than the survey results because this code is modifier-51 exempt. As such, the pre-service and post-service times have been reduced and ASA requests that this code maintain its modifier-51 exempt status.

Key Reference Services:
Our recommendation for code 93503 is bracketed by the two KRS codes selected by survey respondents: 32556 *(Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance)* chosen by 18.4% of respondents and 62267 *(Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes)* chosen by 14.4%. It is difficult to compare pre-service and post-service times to the KRS codes because those times for 93503 have been reduced to maintain this code's modifier-51 exempt status.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	2.50	60	22	20	18	0.0845
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	2.58	37	12	15	10	0.1440
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	79	34	30	15	0.0680

MPC Codes:
The surveyed code compares well with two MPC codes: 64479 *(Injections, transforaminal epidural, cervical or thoracic)* and 51102 *(Aspiration of bladder; with insertion of suprapubic catheter).*

Both of these MPC codes have higher total times compared with the surveyed code. However, as noted before, the pre-service times of the surveyed code have been significantly reduced to maintain its modifier-51 exempt status, which makes direct comparisons of times to the MPC codes difficult. If the survey pre-service times were included for this code, the total time would be bracketed by the total times of the two MPC codes. The requested value for the surveyed code is appropriate compared to the MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	49	24	15	10	0.1076
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	2.58	37	12	15	10	0.1440
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.70	60	25	20	15	0.0938

Summary:
Our recommendations for 93503 are supported by the survey data, survey times, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

Updated Information 10-6-2016:

Rank Order Between 36556 & 93503.
93503 is placement of PA catheter which entails first placing an introducer and then the PA catheter. Since the introducer is a non-tunneled central line, the work involved is the work of 36556 + work of PA catheter through transducer. Therefore, rank order relativity with 36556 is necessary as well.

We appreciate the reviewers' comments and feedback. To address the feedback of the reviewers, an expert panel was convened. It was immediately evident that there was a rank order relativity issue that needed to be resolved. As outlined above, the work involved

in the placing of a flow directed catheter involves all the work of placing a non-tunneled CVP line ***plus*** the work of floating the PA catheter. Therefore, to maintain rank order relativity, we support the recommendation at the median value of 2.58 wRVUs.

Relative Complexity/Intensity. It should be noted that both 36556 *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* and 93503 *Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes* used 32556 *Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance* as a key reference code. The respondents ranked 36556 as overall complexity/intensity of 0.54 while 93503 as 1.28 as compared to this key reference service. These relative complexity/intensity values both support a higher complexity/intensity for similar intra-service time for 93503.

Service Time Recommendations.
The Expert Panel recommends the following times for 93503 pre-service 12 min, intra-service 20 min, and post-service 10 min. Below are explanations for recommended changes in service times.

> Intra-service time. Because 93503 is by definition more work than 36556, it is not possible that the intra-service time is identical, and hence the expert panel recommends an increase to 20 min from 15 minutes -- an increase in intra-service time of 5 min over median survey value to preserve the proper rank order with 36556.
>
> Total time. Unlike 36556, 93503 is a modifier 51-exempt code. As such, the expert panel recommended reductions to the surveyed pre-service and post-service time as reflected in the SOR.

wRVU recommendation.
We recommend the median survey value of 2.58 wRVUs (lower than current value of 2.91 RVUs). We recommend a crosswalk to 31237 *Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)* which also has 20 min intra-service time and wRVU of 2.60.

To further substantiate this proposed value, we also would like to provide two other codes 90870 *Electroconvulsive therapy (includes necessary monitoring)* and 52281 *Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female* to bracket the current value. Please see table below for time and RVU comparisons. The specialty recommends 2.58 wRVUS for 93503.

See Table 4.

Table 4: 93503

CPT Code	MPC	Work RVU	Intra-Time	Total Time	Global
90870		2.5	20	36	0
93503		2.58	20	42	0
31237		2.6	20	48	0
52281		2.75	20	46	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) on modifier 51 exempt list

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Per CPT, "Procedures on this list are typically performed with another procedure but may be a stand alone procedure and not always be performed with other specified procedures."

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93503

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 How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 285462
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 utilization.

Specialty Anesthesiology Frequency 263738 Percentage 92.39 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 95,154 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, 2015 utilization

Specialty Anesthesiology Frequency 87922 Percentage 92.39 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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 93503

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93503	**# of Respondents:**	76
Survey Code Descriptor:	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes		

Top Ref Code:	32556	**# of Respondents:**	14	**% of Respondents:**	18.4%
Top Ref Code Descriptor:	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance				

Survey Code Compared to Top Ref Code

Survey Code is:

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:	0%	0%	14%	43%	43%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	43%	57%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	36%	64%
	Urgency of medical decision making	0%	14%	86%
Technical Skill:		14%	7%	79%
Physical Effort:		7%	21%	72%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	14%	86%
	Outcome depends on the skill and judgment of physician	0%	21%	79%
	Estimated risk of malpractice suite with poor outcome	0%	14%	86%

SS Rec Summary

ISSUE: Insertion of Catheter

TAB: 16

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	32556	Pleural drainage, percutaneous,	8	0.084			2.50			60	13	3	6			20			18																		
2nd REF	32554	Thoracentesis, needle or cathet	7	0.054			1.82			56	13	3	5			20			15																		
CURRENT	36555	Insertion of non-tunneled centrally inse		0.093			2.68			60	20	5	5			20			10																		
SVY	36555	Insertion of non-tunneled centra	40	0.095	1.00	1.79	2.13	2.72	5.00	50	15	5	5	0	10	15	21	120	10																		
REC	36555	Insertion of non-tunneled centra	40	0.084			1.93			48	15	3	5			15			10																		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	32556	Pleural drainage, percutaneous,	46	0.084			2.50			60	13	3	6			20			18																		
2nd REF	49083	Abdominal paracentesis (diagnc	20	0.052			2.00			60	15	5	5			25			10																		
CURRENT	36556	Insertion of non-tunneled centrally inse		0.119			2.50			50	15	5	5			15			10																		
SVY	36556	Insertion of non-tunneled centra	141	0.111	0.89	1.75	2.20	2.56	10.00	42	12	5	5	2	10	15	20	120	5																		
REC	36556	Insertion of non-tunneled centra	141	0.084			1.75			40	12	3	5			15			5																		

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

16
Tab Number

Insertion of Catheter
Issue

36620, 93503, 36555, 36556
Code Range

Attestation Statement

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Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 6, 2016
Date

16
Tab Number

Insertion of Catheter
Issue

36620, 93503, 36555, 36556
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 06, 2016
Date

CPT Code: 36555
Specialty Society('s): American Society of Anesthesiologists (ASA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age

Global Period: **000** Meeting Date: October **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 ASA RUC advisors reviewed the current PE details for 36555. No adjustments were made for the facility 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: **Current inputs for 36555 were used 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: **N/A**

5. Please describe in detail the clinical activities of your staff: **Clinical Type L037D – RN/LPN/MTA**

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **N/A**

Post-Service Clinical Labor Activities:
Phone calls/call in prescriptions – 3 minutes

CPT Code: 36556
Specialty Society('s): American College of Radiologists (ACR), American Society of Anesthesiologists (ASA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Global Period: 000 Meeting Date: October 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 ACR and ASA reviewed the current PE details for 36556. No adjustments were made for the facility 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: **Current inputs for 36556 were used 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: **N/A**

5. Please describe in detail the clinical activities of your staff: **Clinical staff type L037D - RN/LPN/MTA**

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **N/A**

Post-Service Clinical Labor Activities:
Phone calls/call in prescriptions – 3 minutes

CPT Code: 36555
Specialty Society('s): American Society of Anesthesiologists

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age

Global Period: **000** Meeting Date: **October 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 ACR and ASA reviewed the current PE details for 36556 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 36555 were used as a reference.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- Prepare and position patient/ monitor patient/ set up IV – Additional time is required to position extremity to imaging equipment.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
Clinical Labor:

- Follow-up phone calls & prescriptions – For non-tunneled catheters, close follow up is required in the outpatient setting to monitor for function and developing complications.
- Obtain vital signs – clinically necessary prior to an invasive procedure.
- Prepare and position patient/ monitor patient/ set up IV – Additional time is required to position extremity relative to imaging equipment.
- Assist physician in performing procedure – It is typical for an assistant to be scrubbed and available to help with catheters and lines during insertion so as not to contaminate the field or the catheter.
- Monitor pt following procedure/check tubes, monitors, drains, multitasking 1:4 – Clinically necessary after an invasive procedure in the outpatient setting.

Supplies: Added additional supplies for clinical staff assisting physician in performing procedure:

- Surgical cap (1)
- Pair of sterile gloves (1)
- Impervious staff gown (1)
- Surgical mask w/ face shield (1)
- Surgical shoe covers (1)
- Added (4) additional mL of lidocaine (current input is not sufficient)

Equipment:
The following equipment is required for clinical assessment prior to the procedure, including post-procedure monitoring, as well as to actually perform the procedure in the office setting:

- ECG, 3-channel (wth SpO2, NIBP, temp, resp)
- Table, exam

- Light, exam

5. Please describe in detail the clinical activities of your staff: **Clinical Type L037D – RN/LPN/MTA**

Pre-Service Clinical Labor Activities:
No pre-service clinical time requested.

Service Clinical Labor Activities:
Greet patient, provide gowning, ensure appropriate medical records are available – 3 minutes
Obtain vital signs – 5 minutes
Provide pre-service education/obtain consent – 5 minutes
Prepare room, equipment, supplies – 2 minutes
Prepare and position patient/ monitor patient/ set up IV – 3 minutes (Additional time is required to position extremity to imaging equipment).
Assist physician in performing procedure – 15 minutes (100%)
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 – 7.5 minutes
Clean room/equipment by physician staff – 3 minutes
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions – 3 minutes

Post-Service Clinical Labor Activities:
Conduct phone calls/call in prescriptions – 3 minutes

CPT Code: 36556
Specialty Society('s): American College of Radiologists (ACR), American Society of Anesthesiologists (ASA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Global Period: **000** Meeting Date: **October 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 ACR and ASA reviewed the current PE details for 36556 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 36556 were used as a reference.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- Prepare and position patient/ monitor patient/ set up IV – Additional time is required to position extremity to imaging equipment.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
Clinical Labor:

- Follow-up phone calls & prescriptions – For non-tunneled catheters, close follow up is required in the outpatient setting to monitor for function and developing complications.
- Obtain vital signs – clinically necessary prior to an invasive procedure.
- Prepare and position patient/ monitor patient/ set up IV – Additional time is required to position extremity relative to imaging equipment.
- Assist physician in performing procedure – It is typical for an assistant to be scrubbed and available to help with catheters and lines during insertion so as not to contaminate the field or the catheter.
- Monitor pt following procedure/check tubes, monitors, drains, multitasking 1:4 – Clinically necessary after an invasive procedure in the outpatient setting.

Supplies: Added additional supplies for clinical staff assisting physician in performing procedure:

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- Pair of sterile gloves (1)
- Impervious staff gown (1)
- Surgical mask w/ face shield (1)
- Surgical shoe covers (1)
- Added (4) additional mL of lidocaine (current input is not sufficient)

Equipment:
The following equipment is required for clinical assessment prior to the procedure, including post-procedure monitoring, as well as to actually perform the procedure in the office setting:

- ECG, 3-channel (wth SpO2, NIBP, temp, resp)
- Table, exam
- Light, exam

5. Please describe in detail the clinical activities of your staff: **Clinical Type L037D – RN/LPN/MTA**

Pre-Service Clinical Labor Activities:
No pre-service clinical time requested.

Service Clinical Labor Activities:
Greet patient, provide gowning, ensure appropriate medical records are available – 3 minutes
Obtain vital signs – 5 minutes
Provide pre-service education/obtain consent – 5 minutes
Prepare room, equipment, supplies – 2 minutes
Prepare and position patient/ monitor patient/ set up IV – 3 minutes (Additional time is required to position extremity to imaging equipment).
Assist physician in performing procedure – 15 minutes (100%)
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 – 7.5 minutes
Clean room/equipment by physician staff – 3 minutes
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions – 3 minutes

Post-Service Clinical Labor Activities:
Conduct phone calls/call in prescriptions – 3 minutes

	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.**			**36555**		**36555**		**36556**		**36556**	
3	**Meeting Date: 10/2016 Tab: 16 Specialty: ASA, ACR**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years		Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age		Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**77.0**	**3.0**	**48.5**	**3.0**	**37.0**	**3.0**	**48.5**	**3.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**9.0**	**0.0**	**0.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**28.0**	**0.0**	**45.5**	**0.0**	**28.0**	**0.0**	**45.5**	**0.0**
9		**L051A**	**RN**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
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	**3**		**0**		**3**		**0**	
14	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**		**0**		**3**		**0**	
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**		**0**				**0**	
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	Review charts	L037D	RN/LPN/MTA	**2**				**2**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**3**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**		**5**		**2**	
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia - conscious sedation	L037D	RN/LPN/MTA					**2**			
30	Sedate/apply anesthesia - conscious sedation	L051A	RN	**2**							
31	Other Clinical Activity - specify:										
32	**Intra-service**										
33	Assist physician in performing procedure	L037D	RN/LPN/MTA			**15**				**15**	
34	Assist physician in performing procedure	L051A @100%	RN	**20**							
35	**Post-Service**										
36	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L037D	RN/LPN/MTA			**7.5**				**7.5**	
37	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L037D									
38	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1	L051A	RN	**15**							
39	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
40	Clean Scope										
41	Clean Surgical Instrument Package										
42	Complete diagnostic forms, lab & X-ray requisitions										
43	Review/read X-ray, lab, and pathology reports										
44	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
45	Other Clinical Activity - *specify: follow up phone call*	L037D	RN/LPN/MTA								
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	**End: Patient leaves office**										

	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.**			**36555**		**36555**		**36556**		**36556**	
3	**Meeting Date: 10/2016 Tab: 16 Specialty: ASA, ACR**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years		Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age		Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
50	**POST-SERVICE Period**										
51	**Start: Patient leaves office/facility**										
52	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
53	***Office visits: List Number and Level of Office Visits***			**# visits**	**# 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	kit, CVA catheter, non-tunneled	SA009	kit	**1**		**1**		**1**		**1**	
64	pack, moderate sedation	SA044	kit	**1**							
65	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**	
66	tray, shave prep	SA067	tray	**1**		**0**		**1**		**1**	
67	cap, surgical	SB001	item	**1**		**2**		**1**		**2**	
68	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**		**1**	
69	gloves, sterile	SB024	pair	**1**		**2**		**1**		**2**	
70	gown, staff, impervious	SB027	item	**1**		**2**		**1**		**2**	
71	mask, surgical, with face shield	SB034	item	**2**		**2**		**1**		**2**	
72	shoe covers, surgical	SB039	pair	**2**		**2**		**1**		**2**	
73	needle, 18-27g	SC029	item	**1**		**1**		**1**		**1**	
74	syringe 1ml	SC052	item	**1**		**1**		**1**		**1**	
75	syringe 3ml	SC055	item	**1**		**1**		**1**		**1**	
76	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**1**		**1**		**1**		**1**	
77	gauze, sterile 4in x 4in	SG055	item	**3**		**3**		**3**		**3**	
78	tape, surgical paper 1in (Micropore)	SG079	inch	**12**		**12**		**12**		**12**	
79	heparin 1,000 units-ml inj	SH039	ml	**5**		**5**		**5**		**5**	
80	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**1**		**5**		**1**		**5**	
81	sodium chloride 0.9% flush syringe	SH065	item	**1**		**1**		**1**		**1**	
82	hydrogen peroxide	SJ028	ml	**20**				**20**			
83	povidone surgical scrub (Betadine)	SJ041	ml	**10**		**10**				**10**	
84	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**	
85	**EQUIPMENT**	**CODE**									
86	table, instrument, mobile	EF027		**82**							
87	IV infusion pump	EQ032		**82**							
88	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**82**		**68**				**68**	
89	table, exam	EF023		**92**		**68**		**30**		**68**	
90	light, exam	EF168		**92**		**68**		**30**		**68**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Insertion of PICC Catheter

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 36569 was identified as part of this screen. The specialty societies indicated they will survey these services for the October 2016 RUC meeting.

36569 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
The RUC reviewed the survey results from 74 interventional and diagnostic radiologists and recommends the following physician time components: pre-service time of 19 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated physician work values and determined that, since the intra-service time decreased by 5 minutes, the work RVU should be lower than the current work RVU of 1.82. To find an appropriate work value, the RUC compared the surveyed code to CPT code 10035 *Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion* (work RVU= 1.70, intra time= 15 minutes) and agreed that these two services have nearly identical physician time components and should be valued the same. Therefore, the RUC agreed to directly crosswalk the physician work RVU of 1.70 from code 10035 to CPT code 36569. To further justify a work RVU of 1.70, the RUC reviewed CPT code 19285 *Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance* (work RVU= 1.70, intra time= 15 minutes) and again agreed that with nearly identical physician time and analogous physician work, the surveyed code, 36569, should be valued the same as 19285. Finally, the RUC noted the increased intensity of this procedure since it was last value 13 years ago. The experts explained that previously this code was always provided by a radiologist. Now this service is only performed in cases where the nurse has failed in an initial attempt to insert the catheter and a physician is then required. This has increased the complexity of the typical patient seen by the physician and has, in parallel, caused the intensity of the overall procedure to increase. **The RUC recommends a work RVU of 1.70 for CPT code 36569.**

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CPT Referral:
The RUC noted that CPT code 36569 is typically reported with codes 76937 *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting* (work RVU= 0.30) and 77001 *Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position)* (work RVU= 0.38).

These codes are commonly reported together because the current code contains a bimodal clinical scenario. The first scenario is when a clinical staff member performs the procedure without imaging. The second scenario is when a radiologist performs the procedure with imaging guidance. Therefore, CPT code 36569 should be referred to the CPT Editorial Panel to have the two common imaging codes bundled into the code. The current coding language should remain for clinical staff, but a new bundled code should be created. CMS also noted two family codes should be added to the CCA: (36568 *Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age* and 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access*). **The RUC recommends CPT codes 36569, 36568 and 36584 be referred to the CPT Editorial Panel.**

Relativity Assessment Workgroup Flag:
Due to the different patient population and providers for CPT code 36569 after it undergoes CPT changes, the RAW should flag this procedure to monitor the utilization after two years of available data and review who are providing these services.

RUC Database Flag:
The RUC recommends this code receive a note in the RUC Database that it should not be used to validate for physician work.

Practice Expense:
The Practice Expense Subcommittee noted that CPT codes 77001 and 76937 are typically reported on the same day of service as 36569. Therefore, the Subcommittee asked the specialties to include a revised spreadsheet which included the current PE inputs for these two imaging codes and assessed whether or not there was duplication in clinical staff time between the codes. From this analysis, 2 minutes from *Prepare and position patient/ monitor patient/ set up IV* and 3 minutes from *Clean room/equipment by physician staff* were removed for code 36569. The RUC accepted the direct practice expense inputs as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	000	1.70

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36569 Tracking Number Original Specialty Recommended RVU: **1.82**
Presented Recommended RVU: **1.82**
Global Period: 000 RUC Recommended RVU: **1.70**

CPT Descriptor: Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male requires long-term antimicrobial therapy. A peripherally inserted central venous catheter (PICC) is inserted.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 16%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

Description of Pre-Service Work: Explain procedure to the patient and obtain informed consent. Review prior medical records, including any history of prior CV catheter placements and/or attempts. After gowning, prepare access site and drape in standard fashion.

Description of Intra-Service Work: Administer local anesthesia. Puncture the target vein and pass a guidewire centrally. Advance the catheter over the wire, confirm catheter tip position and cut to appropriate length. Remove guidewire and confirm appropriate position of the central catheter. Suture the catheter in position, dress in standard fashion, and flush per local protocol or attach to IV infusion fluids.

Description of Post-Service Work: Write orders for catheter maintenance. Prescribe wound site care and catheter management. Place a note in the patient chart and dictate report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Kurt A. Schoppe, MD; Michael Hall, MD; Jerry Niedzwiecki, MD		
Specialty(s):	ACR, SIR		
CPT Code:	36569		
Sample Size:	1728	**Resp N:** 74	**Response:** 4.2 %
Description of Sample:	SIR randomly selected 978 US/MD members. ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research Subcommittee).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**55.00**	138.00	1000.00
Survey RVW:	0.80	2.25	**2.40**	2.50	6.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	36569	**Recommended Physician Work RVU: 1.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36010	XXX	2.43	**Harvard Time**

CPT Descriptor Introduction of catheter, superior or inferior vena cava

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**CMS Time File**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	226

CPT Descriptor 1 Circumcision, using clamp or other device with regional dorsal penile or ring block

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	992,084

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 56.7 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 36569	Top Key Reference CPT Code: 36010	2nd Key Reference CPT Code: **32555**
Median Pre-Service Time	19.00	0.00	22.00
Median Intra-Service Time	15.00	26.00	20.00
Median Immediate Post-service Time	10.00	0.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**44.00**	**26.00**	**57.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.21	-0.11
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.19	-0.11
Urgency of medical decision making	-0.21	-0.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.48	0.67
Physical effort required	0.36	0.56

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.29	-0.89
Outcome depends on the skill and judgment of physician	0.31	0.67
Estimated risk of malpractice suit with poor outcome	-0.33	-0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.07	0.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT Code 36569 was identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in interventional radiology. The Society of Interventional Radiology (SIR) conducted a random survey of members. The societies assembled an expert panel to review the data to develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.82, which is below the 25th percentile survey value of 2.25.

Time Recommendations:
We recommend pre-service package 1A (straightforward patient/procedure) for the facility setting, with an additional 2 minutes of positioning for the use of ultrasound and fluoroscopy.

We recommend the median intra-service and post-service times of 15 minutes and 10 minutes, respectively.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 36010 *(Introduction of catheter, superior or inferior vena cava)* chosen by 57% of respondents and 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance)* chosen by 12% of respondents.

Our recommendation for 36569 has a significantly lower work RVU compared to the two KRS codes, both of which have longer intra-service times. The surveyed code was judged to be of similar intensity and complexity compared with the KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
36569	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**	**1.82**	**47**	**22**	**15**	**10**	**0.079**
36010	Introduction of catheter, superior or inferior vena cava	2.43	26		26		0.093
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076

The first KRS, CPT code 36010, is a Harvard valued code, which was included on the RSL by mistake. The physician work for 36010 was reviewed and approved by the RUC during the first Five Year Review; however, the times were not updated as is now the convention. We feel that this code is still useful for validating the physician work and that more recent MPC codes confirm the validity of this comparison.

MPC Codes:
The surveyed code compares well with both 54150 *(Circumcision, using clamp or other device with regional dorsal penile or ring block)*, and 64483 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level)*, which both have greater work RVU value and identical intra-service time.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
36569	**Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**	**1.82**	**47**	**22**	**15**	**10**	**0.079**
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	1.90	45	25	15	5	0.087
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	49	24	15	10	0.082

Summary:
Our recommendation for maintaining the current value for 36569 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is

involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 36569 is often reported with 77001 or 76937.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36569

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 535500
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 CPT code 36569 provided nationally in a one-year period is estimated to be 535,500.

Specialty Diagnostic Radiology Frequency 340050 Percentage 63.50 %

Specialty Interventional radiology Frequency 53550 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 178,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 36569 is billed approximately 178,500 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 113350 Percentage 63.50 %

Specialty Interventional Radiology Frequency 17850 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
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 36569

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	36569	**# of Respondents:**	74
Survey Code Descriptor:	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		

Top Ref Code:	36010	**# of Respondents:**	42	**% of Respondents:**	56.8%
Top Ref Code Descriptor:	Introduction of catheter, superior or inferior vena cava				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	21%	50%	29%	0

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	31%	55%	14%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	31%	55%	14%
	Urgency of medical decision making	29%	64%	7%
Technical Skill:		2%	48%	50%
Physical Effort:		2%	60%	38%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	41%	45%	14%
	Outcome depends on the skill and judgment of physician	7%	60%	33%
	Estimated risk of malpractice suite with poor outcome	40%	48%	12%

SS Rec Summary

ISSUE: Insertion of PICC Catheter

TAB: 17

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	36010	Introduction of catheter, superior or inferior vena cava	42	0.093			2.43			26						26			
2nd REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	9	0.076			2.27			57	13	3	6			20			15
Apr-03	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		0.055			1.82			55	15	5	5			20			10
SVY	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	74	0.117	0.80	2.25	2.40	2.50	6.00	50	10	5	10	5	10	15	20	30	10
REC	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		0.076			1.70			44	10	3	6			15			10

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

#17
#22
Tab Number

Insertion of PICC Catheter
Angiography of Extremities
Issue

(36569)
(75710 and 75716)
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

September 2, 2016
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older

Global Period: 000 Meeting Date: Oct. 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), and Society of Interventional Radiology (SIR) convened a consensus panel to finalize the practice expense data for the Insertion of PICC Catheter code, 36569.

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 code 36569 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:

- **Complete pre-service diagnostic & referral forms -** Required to confirm patient prior imaging (often from different sites), and appropriateness of procedure for long term central venous access.
- **Prepare room, equipment, supplies –** Additional time needed to prepare imaging equipment used for the procedure. We are recommending more than the PE standard, but decreased time relative to what was previously in the database.
- **Prepare and position patient/ monitor patient/ set up IV –** The patient's upper extremity must be positioned appropriately for access and relative to the imaging guidance equipment.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare and position patient/ monitor patient/ set up IV -** The patient's upper extremity must be positioned appropriately for access and relative to the imaging guidance equipment.
- **Assist physician in performing procedure** - It is typical for radiologists to have an assistant scrubbed to help with lines and catheters in order to preserve the sterile field.
- **Gloves, sterile (SB024)** – need two pairs, one for the staff and one for the radiologist
- **Gown, staff, impervious (SB027) -** need two, one for the staff and one for the radiologist
- **lidocaine 1%-2% inj (Xylocaine) (SH047)** – 1 mL is not clinically reasonable. Request 5 mL.
- **table, exam (EF023)** – increased time is a function of the non-highly technical equipment formula.
- **light, exam (EQ168)** - increased time is a function of the non-highly technical equipment formula.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images/Assist physician in performing procedure
- Clean room/equipment by physician staff

Post-Service Clinical Labor Activities:

- Check dressings & wound/ home care instructions /coordinate office visits /prescriptions
- Follow up phone call

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36569**		**36569**		**77001**	**76937**
3	**Meeting Date: October 2016** **Tab: 17 - Insertion of PICC Catheter** **Specialty: ACR, SIR**	**CMS Code**	**Staff Type**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older **October 2016**		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) **(CMS Refined NPRM 2017)**	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**37.0**	**3.0**	**36.0**	**3.0**	**29.0 (RT)**	**15.0 (RT)**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**6.0**	**0.0**	**3.0**	**0.0**	**4.0 (RT)**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**28.0**	**0.0**	**15.0**	**0.0**	**25.0 (RT)**	**15.0 (RT)**
9		**L041A**	**Angio Tech**			**15.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**3.0**	**3.0**	**3.0**	**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	**3**		**3**			
14	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**					
15	Schedule space and equipment in facility								
16	Provide pre-service education/obtain consent								
17	Follow-up phone calls & prescriptions								
18	Availability of prior images confirmed							**2 (RT)**	
19	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist							**2 (RT)**	
20	Other Clinical Activity - *specify:*								
21	**End: When patient enters office/facility for surgery/procedure**								
22	**SERVICE PERIOD**								
23	**Start: When patient enters office/facility for surgery/procedure:**								
24	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**			
25	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**			
26	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**			
27	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**3**			
28	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**2**					
29	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**				**2 (RT)**	
30	Sedate/apply anesthesia								
31	Other Clinical Activity - specify: *Review charts*	L037D	RN/LPN/MTA	**2**					
32	**Intra-service**								
33	Acquire images/Assist physician in performing procedure	L041A	Angio Tech			**15**		**15 (RT)**	**10 (RT)**
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	L037D	RN/LPN/MTA	**3**				**3 (RT)**	**3 (RT)**
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	L037D	RN/LPN/MTA	**3**		**3**			
44	Technologist QC's images in PACS, checking for all images, reformats, and dose page							**2 (RT)**	**2 (RT)**
45	Review examination with interpreting MD							**2 (RT)**	
46	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue							**1 (RT)**	
47	Other Clinical Activity - *specify:*								
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	**n/a**
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**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**
51	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36569**		**36569**		**77001**	**76937**
3	**Meeting Date: October 2016** **Tab: 17 - Insertion of PICC Catheter** **Specialty: ACR, SIR**	**CMS Code**	**Staff Type**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older **October 2016**		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) **(CMS Refined NPRM 2017)**	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
52	**POST-SERVICE Period**								
53	**Start: Patient leaves office/facility**								
54	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**0.0**	**0.0**
62	Other Clinical Activity - *specify:*								
63	**End: with last office visit before end of global period**								
64	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
65	kit, guidewire introducer (Micro-Stick)	SA016	kit	**2**		**2**			
66	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**			
67	tray, shave prep	SA067	tray	**1**		**1**			
68	cap, surgical	SB001	item	**1**		**1**		**1**	
69	cover-condom, transducer or ultrasound probe	SB005	item						**1**
70	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**		**1**	**2**
71	drape, sterile, c-arm, fluoro	SB008	item					**1**	
72	gloves, sterile	SB024	pair	**1**		**2**		**1**	
73	gown, staff, impervious	SB027	item	**1**		**2**			
74	gown, surgical, sterile	SB028	item					**1**	
75	mask, surgical	SB033	item					**1**	
76	mask, surgical, with face shield	SB034	item	**1**		**1**			
77	shoe covers, surgical	SB039	pair	**1**		**1**		**1**	
78	iv tubing (extension)	SC019	foot						**3**
79	needle, 18-27g	SC029	item	**1**		**1**			
80	syringe 1ml	SC052	item	**1**		**1**			
81	syringe 3ml	SC055	item	**1**		**1**			
82	syringe 50-60ml	SC056	item						**1**
83	catheter, CVA, peripheral, without port-pump	SD022	item	**1**		**1**			
84	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**1**		**1**			
85	gauze, sterile 4in x 4in	SG055	item	**3**		**3**			
86	tape, surgical paper 1in (Micropore)	SG079	inch	**12**		**12**			
87	heparin 1,000 units-ml inj	SH039	ml	**5**		**5**			
88	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**1**		**5**			
89	sodium chloride 0.9% flush syringe	SH065	item	**1**		**1**			
90	hydrogen peroxide	SJ028	ml	**20**		**20**			
91	lubricating jelly (K-Y) (5gm uou)	SJ032	item						**6**
92	povidone soln (Betadine)	SJ041	ml	**10**		**10**			
93	swab-pad, alcohol	SJ053	item	**2**		**2**			
94	ultrasound transmission gel	SJ062	ml						**150**
95	disinfectant, surface (Envirocide, Sanizide)	SM013	item					**1**	
96	sanitizing cloth-wipe (patient)	SM021	item						**5**
97	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item						**2**
98	**EQUIPMENT**								
99	table, exam	EF023		**30**		**30**			
100	light, exam	EQ168		**30**		**30**			
101	PACS Workstation Proxy	ED050						**25**	**15**
102	room, radiographic-fluoroscopic	EL014						**22**	
103	ultrasound unit, portable	EQ250							**10**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Magnetic Resonance Angiography (MRA) Head

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 70544 was identified as part of this screen.

During their RUC presentation, the specialty noted that MRA head and neck were last valued 16 years ago. The specialty noted and the RUC agreed that the assignment of RVUs during that valuation period was considered flawed methodology because the previous RVU assignment was not directly related to the surveyed times. However, the current survey demonstrates similar intra-service times compared to 16 years ago. The major changes in time have occurred in the pre and post service periods, which given the flawed methodology determination and the relatively low intensity of pre-service and post-service time, is of dubious significance. The RUC agreed with the specialty that the newly proposed RVU values and physician times maintain relativity within the MRI family, throughout radiology, and across the physician payment schedule, and correlate with the current survey times.

70544 ***Magnetic resonance angiography, head; without contrast material(s)***
The RUC reviewed the survey results from 50 radiologists and neuroradiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 12 minutes and post-service time of 5 minutes.

This family of services is unique in the physics involved and how these sequences are obtained relative to most other MR services, including MRA of the Neck. Unlike much of MRI, where the post-contrast codes have multi-planar sequences that are sometimes matched and not matched to the pre-contrast, this is the exact same sequence as which is obtained in a pre-contrast study. This results in the code family's rank order being distinct, where the step-up in value is not analogous to most other MR services.

The RUC reviewed the survey 25th percentile work RVU of 1.20 and agreed that the current value is appropriate for this service. To justify a work RVU of 1.20, the RUC compared the survey code to CPT code 74150 *Computed tomography, abdomen; without contrast material* (work RVU of 1.19, intra-service time of 12 minutes and total time of 20 minutes) and noted that both services have identical intra-service time and the survey code has somewhat more total time, supporting a slightly higher work RVU for the survey code. To further support a work RVU of 1.20, the RUC compared the survey code to 2nd key reference and MPC code 70470 *Computed tomography, head or brain; without contrast material, followed*

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by contrast material(s) and further sections (work RVU of 1.27, intra-service time of 15 minutes) and noted that the reference code has somewhat more intra-service and total time, justifying a somewhat lower RVU for the survey code. **The RUC recommends a work RVU of 1.20 for CPT code 70544.**

70545 ***Magnetic resonance angiography, head; with contrast material(s)***
The RUC reviewed the survey results from 50 radiologists and neuroradiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 12 minutes and post-service time of 5 minutes.

This family of services is unique in the physics involved and how these sequences are obtained relative to most other MR services, including MRA of the Neck. Unlike much of MRI, where the post-contrast codes have multi-planar sequences that are sometimes matched and not matched to the pre-contrast, this is the exact same sequence as which is obtained in a pre-contrast study. This results in the code family's rank order being distinct, where the step-up in value is not analogous to most other MR services. This is the reason that the recommended values for 70544 and 70545 are identical.

The RUC reviewed the survey respondents estimated physician work and agreed with the specialty that maintaining the current work RVU of 1.20 is supported. To justify a work RVU of 1.20, the RUC compared the survey code to CPT code 74150 *Computed tomography, abdomen; without contrast material* (work RVU of 1.19, intra-service time of 12 minutes and total time of 20 minutes) and noted that both services have identical intra-service time and the survey code has somewhat more total time, supporting a slightly higher work RVU for the survey code. To further support a work RVU of 1.20, the RUC compared the survey code to 2nd key reference and MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU of 1.27, intra-service time of 15 minutes) and noted that the reference code has somewhat more intra-service and total time, justifying a somewhat lower RVU for the survey code. **The RUC recommends a work RVU of 1.20 for CPT code 70545.**

70546 ***Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences***
The RUC reviewed the survey results from 50 radiologists and neuroradiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 15 minutes and post-service time of 5 minutes.

This family of services is unique in the physics involved and how these sequences are obtained relative to most other MR services, including MRA of the Neck. Unlike much of MRI, where the post-contrast codes have multi-planar sequences that are sometimes matched and not matched to the pre-contrast, this is the exact same sequence as which is obtained in a pre-contrast study. This results in the code family's rank order being distinct, where the step-up in value is not analogous to most other MR services.

The RUC Reviewed the survey 25th percentile and agreed that the survey respondents somewhat overvalued the physician work involved in performing this service. To arrive at an appropriate work RVU, the RUC compared the survey code to CPT Code 70551 *Magnetic resonance (eg,*

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proton) imaging, brain (including brain stem); without contrast material (work RVU of 1.48, intra-service time of 18 minutes, total time of 28 minutes) and noted that although the comparator code has slightly more intra-service and total time, the survey code describes a service with somewhat more intense physician work. Therefore, the RUC recommends a direct work RVU crosswalk between the survey code and CPT code 70551. To validate a work RVU of 1.48, the RUC compared the survey code to CPT code 95865 *Needle electromyography; larynx* (work RVU of 1.57, intra-service time of 15 minutes and total time of 31.5 minutes) and noted that both services have identical intra-service time and involve a similar amount of physician work, further supporting a work RVU of 1.48 for the survey code. **The RUC recommends a work RVU of 1.48 for CPT code 70546.**

Practice Expense
The Practice Expense Subcommittee reviewed the recommended direct PE inputs and made several modifications. First, the specialties noted that the current inputs for these codes incorrectly list an angio tech as the clinical staff. This was a typo, as it is typical to have an MR tech perform MR procedures. The Subcommittee agreed had had MR tech (L047A) inserted. Second, there were several supplies missing. An IV starter kit (SA019), non-sterile drape (SB006), a needle (SC029) and a syringe (SC053) were all added. The swab-pad, alcohol (SJ053) was removed, since one is included in the IV starter kit.

The Subcommittee discussed the clinical staff time required to acquire the images and why they don't match the physician time. They must obtain clear images of the brain, with only a ghosting of the vessels "without contrast", which is different to looking at a ghost of the brain with detail of the vessel for "with contrast". Therefore, the differences in clinical staff time were appropriate. Finally, the RUC discussed whether or not it was appropriate to have 7 minutes of obtain consent for the non-contrast code (70544) and 9 minutes for the "with contrast" codes (70545, 70546). The specialty societies explained that multiple activities occur in this single line item, including obtaining consent for the procedure, educating the patient about the MRI exam, and going through a safety checklist before the patient can enter the MRI room due to the strong magnetic field. Additionally, these patients have neurologic issues (e.g. aneurysm clips and strokes), so it takes longer to consent those patients. Also, there is a cage around the patient's head, making the area much more constrained than other MR procedures. The patient is going deeper in the magnet, so there is more explanation needed as to what will be happening. The RUC reviewed an accepted the direct PE inputs as modified by 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.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70544	Magnetic resonance angiography, head; without contrast material(s)	XXX	1.20 (No Change)
70545 (f)	Magnetic resonance angiography, head; with contrast material(s)	XXX	1.20 (No Change)
70546 (f)	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	XXX	1.48

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70544 Tracking Number Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX RUC Recommended RVU: **1.20**

CPT Descriptor: Magnetic resonance angiography, head; without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly person presents with acute onset of left-sided upper extremity weakness. MR angiogram of the head without IV contrast is ordered.

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? 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? 9%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician reviews patient's medical history to determine if there are any contraindications for MR including pacemakers, implanted devices or retained metallic fragments. If the patient reports a history of having metal (i.e. bullet fragments), the physician may order x-rays to assess the location or presence of any metal. If the patient has implanted devices, the physician will investigate the MRI safety of the device in the MRI scanner and may adjust the protocol so that the device can be safely scanned. The physician communicates the protocol to the technologist.

Description of Intra-Service Work: The physician will determine if there are any areas of interest that will need post-processing for magnified views. The physician then interprets the axial source images, maximum intensity projections (MIP), and reformats evaluating in detail the major vascular structures for evidence of thrombosis, embolus, aneurysmal dilatation, arteriovenous malformations, dissection, vascular anomalies, vasculitis, congenital variants, or atherosclerotic calcification. The physician assesses for collateral differences between the cerebral hemispheres. Comparison is made to all pertinent available prior studies. When applicable, the physician will request or perform reconstructions of images to accurately assess the size and orientation of aneurysms or to measures arterial stenosis. The physician will also review the source images to ensure there is no mass effect, hydrocephalus, midline shift or soft tissue mass. Dictate a report.

Description of Post-Service Work: The physician reviews and signs the final report. The findings are then communicated to the referring physician, emergency department, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70544				
Sample Size:	2017	**Resp N:**	50	**Response:** 2.4 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform neuro imaging. The ASNR surveyed a random sample of 1267 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**92.00**	130.00	1000.00
Survey RVW:	0.89	1.20	**1.49**	1.75	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70544	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70496	XXX	1.75	**RUC Time**

CPT Descriptor Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

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

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 40.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 70544	Top Key Reference CPT Code: 70496	2nd Key Reference CPT Code: **70470**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	12.00	20.00	15.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**30.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.05	0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.05	0.29
Urgency of medical decision making	0.05	0.29
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.00	-0.29
Physical effort required	-0.25	0.43

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.15	0.00
Outcome depends on the skill and judgment of physician	0.25	0.00
Estimated risk of malpractice suit with poor outcome	0.15	0.71

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.10	0.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The 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 70544 *[Magnetic resonance angiography, head; without contrast material(s)*] was identified on CMS' high expenditure screen as potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70544, as well as the two other codes in the family, 70545 *[Magnetic resonance angiography, head; with contrast material(s)*] and 70546 [*Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining value for 70544 at 1.20 RVU which is the current survey 25%. The panel recommends maintaining value of 70545 at 1.20 RVU, which is below the current survey 25%. The panel is recommending a decrease in value for 70546 to 1.48 RVU, which is below the current survey 25%.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	5	12	5	22	0.081
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	5	15	5	25	0.084

Compelling Evidence

The panel is not recommending an increase in value for any code in the family, and, therefore, is not seeking compelling evidence at this time. However, a few substantive changes have occurred in this code family since the previous valuation.

Flawed Methodology

70545

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70545 *[Magnetic resonance angiography, head; with contrast material(s)]* previously received survey times of 5 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70544 *[Magnetic resonance angiography, head; without contrast material(s)*], but for an unknown reason also assigned an identical work value of 1.20 for 70545 *[Magnetic resonance angiography, head; with contrast material(s)*] despite the surveyed time difference. Imaging codes in the same family with different intra-service times would typically have different work RVUs reflecting these time differences. Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

70546

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70546 *[Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* previously received survey times of 6 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70544 *[Magnetic resonance angiography, head; without contrast material(s)*] of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* based on the accepted survey times, but the work RVU for 70546 was not directly related to the assigned survey times during this session, but instead calculated using a building block methodology as follows: Code 70546 reflects the addition of the work relative value for 70544 and ½ the work relative value for 70545 (1.20+.60 = 1.80). Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

Change in Patient Population

70546

In 2002, the landmark clinical trial, International Subarachnoid Trial (ISAT) established that endovascular coiling produced better patient outcomes than open clipping in the treatment of brain aneurysms. Coiled intracranial aneurysms carry a small, but significant risk of recurring or growing even if completely treated, and even more so if not completely treated due to technical factors. A 2012 study by Dorfer and colleagues showed 24% of patients with follow-up imaging had minor post-coiling residuals and up to 22% had significant residual aneurysm or growth. 70545 and 70546 are accepted non-invasive techniques to evaluate patients after aneurysm coiling because the artifacts produced by the aneurysm coils is less on MRA than CT, and the contrast material increases the sensitivity of detecting residual filling or recurrence of the previously treated aneurysm.

Meta-analysis in 2013 by van Amerongen and colleagues confirmed that relative to the gold standard, invasive angiography, 70546 are highly accurate in the detection of recurrent coiled aneurysms. Additionally, evaluating and following previously coiled intracranial aneurysms with contrast enhanced MRA of the head has fewer associated risks and is cheaper than using invasive angiography as a follow up mechanism. Therefore, the patient population for 70546 has dramatically changed over the past decade following ISAT, with the marked increase in number of patients undergoing endovascular coiling for aneurysms.

Dorfer C, Gruber A, Standhardt H, et al.: Management of residual and recurrent aneurysms after initial endovascular treatment. Neurosurgery 70:537–554, 2012.
van Amerongen, M. J., Boogaarts, H. D., de Vries, J.,et al. (2014). MRA versus DSA for follow-up of coiled intracranial aneurysms: a meta-analysis. American Journal of Neuroradiology, 35(9), 1655–1661. http://doi.org/10.3174/ajnr.A3700

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

CPT Code	Descriptor	Work RVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	RUC Mtg Date
70450	Computed tomography, head or brain; without contrast material	0.85	4	10	5	19	0.065	2012
70460	Computed tomography, head or brain; with contrast material(s)	1.13	5	12	5	22	0.076	2012
72193	Computed tomography, pelvis; with contrast material(s)	1.16	3	10	5	18	0.098	2005
74150	Computed tomography, abdomen; without contrast material	1.19	3	12	5	20	0.084	2005
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081	2016
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	5	12	5	22	0.081	2016
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	2011
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	5	15	5	25	0.084	2016
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	5	18	5	28	0.070	2013
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	5	20	5	30	0.076	2014
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	5	20	7	32	0.076	2013
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	5	25	7	37	0.081	2013

Summary of Recommendation for CPT Code 70544 ***[Magnetic resonance angiography, head; without contrast material(s)]***

Our expert panel recommends maintaining the current value of 70544 at 1.20 RVU, with survey median service period times of 5, 12, and 5 minutes.

Code 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is crucial in investigating subarachnoid hemorrhage, transient ischemic attack, stroke, aneurysms, vascular malformations, vasculitis, stenosis of vasculature in patients with risk factors, trauma, congenital abnormalities, or anatomy prior to surgeries. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* is a technically challenging examination to interpret. Understanding of MR physics and acquisitions techniques are required to distinguish between pathology and artifact. Synthesis of the information provided on 2-dimensional and 3-dimensional reconstructions are required to make the correct diagnosis. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70544

Our recommended work RVU of 1.20 compares favorably to the most commonly chosen key reference service of 70496 *[Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing]*. 70496 has a higher work RVU of 1.75, more intra-service time, but a lower IWPUT. A larger number of structures are evaluated on CT angiography compared to MR angiography, and therefore it takes more time to interpret the study. However, the interpretation of an MR angiography is more complex due to the high number of artifacts that can be present, and requires more effort than simply evaluating the vessels by contrast on CT. Artifacts that typically appear in the exam, such as in-plane saturation, flow reversal artifact and susceptibility artifacts can mimic pathology. Understanding MR physics and the acquisition techniques of the different sequences are essential to make an accurate diagnosis.

In the surveyed intensity/complexity measures, 70544 scored similar to 70496 in all categories likely a reflection of the near identical indications and patient populations for these like studies evaluating vascular structures in the head. However, the expert panel would like to highlight the long standing view by the specialty societies that the modality of MRI is more technically challenging to interpret, requires more training, and a greater understanding of anatomy and physiology than a corresponding CT of the same body part. The expert panel would have expected MRA of the head to score higher on intensity and complexity measures than a similar CTA of the head reflecting the relative rank order differences between CT and MRI noted throughout the fee schedule.

The 8 minutes of additional intra-service time for 70496 compared to 70544 is balanced by a proportional 0.55 RVU difference when allowing for slight differences in IWPUT explained by technical challenges for interpreting MRI compared to CT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70544	**MRA head w/o contrast**	**1.20**	**5**	**12**	**5**	**22**	**0.081**
70496	CTA head w/o & w/contrast	1.75	5	20	5	30	0.076

MPC Code for 70544

Our recommendation is compared to MPC code, 70470 *[Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections],* demonstrating similar work RVUs, intra-service time, total time, and IWPUT. The 3 minutes more of intra-service time for 70470 is appropriately balanced by the 0.07 higher work RVUs and the expected slightly lower IWPUT for CT compared to MRI.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70544	**MRA head w/o contrast**	**1.20**	**5**	**12**	**5**	**22**	**0.081**
70470	CT head or brain w/o & w/contrast	1.27	5	15	5	25	0.070

Summary:

In summary, our expert panel recommends maintaining the current value of 70544 at 1.20 RVU, with median service period times of 5, 12, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70496, as well as the MPC code, 70470. Relativity is also appropriate across the 3 codes for MRA of the head and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 70544

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? 796300
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 70544 provided nationally in a one-year period is estimated to be 796,300.

Specialty Diagnostic Radiology Frequency 747100 Percentage 93.82 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 265,400 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70544 is billed approximately 265,400 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 249000 Percentage 93.82 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70544

If this code is a new/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:70545 Tracking Number Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX RUC Recommended RVU: **1.20**

CPT Descriptor: Magnetic resonance angiography, head; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A middle-aged person with history of an intra-cranial aneurysm status post embolization presents for evaluation of residual/recurrent aneurysms. The patient had a non-contrast study the day before which was inconclusive. MR angiogram of the head with IV contrast is 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? 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? 9%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician reviews patient's medical history to determine if there are any contraindications for MR including pacemakers, implanted devices or retained metallic fragments. If the patient reports a history of having metal (i.e. bullet fragments), the physician may order x-rays to assess the location or presence of any metal. If the patient has implanted devices, the physician will investigate the MRI safety of the device in the MRI scanner and may adjust the protocol so that the device can be safely scanned. The physician reviews laboratory studies to assess renal function and also reviews the medical record for allergy history, absence of contraindications to contrast injection, and factors predisposing the patient to nephrogenic systemic fibrosis and any concerns of cumulative MRI contrast administration. The physician adjusts the contrast product and amount to be injected. The physician reviews the type of MRI contrast media administered for the prior studies to optimize safety and risk for the patient's age and other comorbidities. The physician discusses the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. The physician supervises the IV placement and communicates the protocol to the technologist.

Description of Intra-Service Work: The physician will determine if there are any areas of interest that will need post-processing for magnified views. The physician then interprets the axial source post contrast images, maximum intensity projections (MIP), and reformats evaluating in detail the major vascular structures for evidence of thrombosis, embolus, aneurysmal dilatation, arteriovenous malformations, dissection, vascular anomalies, vasculitis, congenital variants, or atherosclerotic calcification. The physician assesses for collateral differences between the cerebral hemispheres. Physician will also assess any previously treated aneurysms for persistent filling on post-contrast imaging. Comparison is made to all pertinent available prior studies. When applicable, the physician will request or perform reconstructions of images to accurately assess the size and orientation of aneurysms or to measures arterial stenosis. The physician will also review the

source images to ensure there is no mass effect, hydrocephalus, midline shift, abnormal enhancement, or soft tissue mass. Dictate a report.

Description of Post-Service Work: The physician confirms lack of complication from contrast agent such as allergic reaction or extravasation of contrast. The physician reviews and signs the final report. The findings are then communicated to the referring physician, emergency department, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70545				
Sample Size:	2017	**Resp N:**	50	**Response:** 2.4 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform neuro imaging. The ASNR surveyed a random sample of 1267 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	500.00
Survey RVW:	1.00	1.40	**1.75**	1.85	2.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	16.00	35.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70545	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70496	XXX	1.75	**RUC Time**

CPT Descriptor Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70552	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

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: 26 **% of respondents:** 52.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 70545	Top Key Reference CPT Code: 70496	2nd Key Reference CPT Code: **70552**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	12.00	20.00	20.00
Median Immediate Post-service Time	5.00	5.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**30.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.15	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.25
Urgency of medical decision making	0.12	0.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.42	0.38
Physical effort required	0.08	0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.12	0.13
Outcome depends on the skill and judgment of physician	0.35	0.75
Estimated risk of malpractice suit with poor outcome	0.38	0.75

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.35	0.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 70544 *[Magnetic resonance angiography, head; without contrast material(s)*] was identified on CMS' high expenditure screen as potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70544, as well as the two other codes in the family, 70545 *[Magnetic resonance angiography, head; with contrast material(s)*] and 70546 [*Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining value for 70544 at 1.20 RVU which is the current survey 25%. The panel recommends maintaining value of 70545 at 1.20 RVU, which is below the current survey 25%. The panel is recommending a decrease in value for 70546 to 1.48 RVU, which is below the current survey 25%.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	5	12	5	22	0.081
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	5	15	5	25	0.084

Compelling Evidence

The panel is not recommending an increase in value for any code in the family, and, therefore, is not seeking compelling evidence at this time. However, a few substantive changes have occurred in this code family since the previous valuation.

Flawed Methodology

70545

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70545 *[Magnetic resonance angiography, head; with contrast material(s)]* previously received survey times of 5 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70544 *[Magnetic resonance angiography, head; without contrast material(s)*], but for an unknown reason also assigned an identical work value of 1.20 for 70545 *[Magnetic resonance angiography, head; with contrast material(s)*] despite the surveyed time difference. Imaging codes in the same family with different intra-service times would typically have different work RVUs reflecting these time differences. Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

70546

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70546 *[Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* previously received survey times of 6 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70544 *[Magnetic resonance angiography, head; without contrast material(s)*] of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* based on the accepted survey times, but the work RVU for 70546 was not directly related to the assigned survey times during this session, but instead calculated using a building block methodology as follows: Code 70546 reflects the addition of the work relative value for 70544 and ½ the work relative value for 70545 (1.20+.60 = 1.80). Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

Change in Patient Population

70546

In 2002, the landmark clinical trial, International Subarachnoid Trial (ISAT) established that endovascular coiling produced better patient outcomes than open clipping in the treatment of brain aneurysms. Coiled intracranial aneurysms carry a small, but significant risk of recurring or growing even if completely treated, and even more so if not completely treated due to technical factors. A 2012 study by Dorfer and colleagues showed 24% of patients with follow-up imaging had minor post-coiling residuals and up to 22% had significant residual aneurysm or growth. 70545 and 70546 are accepted non-invasive techniques to evaluate patients after aneurysm coiling because the artifacts produced by the aneurysm coils is less on MRA than CT, and the contrast material increases the sensitivity of detecting residual filling or recurrence of the previously treated aneurysm.

Meta-analysis in 2013 by van Amerongen and colleagues confirmed that relative to the gold standard, invasive angiography, 70546 are highly accurate in the detection of recurrent coiled aneurysms. Additionally, evaluating and following previously coiled intracranial aneurysms with contrast enhanced MRA of the head has fewer associated risks and is cheaper than using invasive angiography as a follow up mechanism. Therefore, the patient population for 70546 has dramatically changed over the past decade following ISAT, with the marked increase in number of patients undergoing endovascular coiling for aneurysms.

Dorfer C, Gruber A, Standhardt H, et al.: Management of residual and recurrent aneurysms after initial endovascular treatment. Neurosurgery 70:537–554, 2012.
van Amerongen, M. J., Boogaarts, H. D., de Vries, J.,et al. (2014). MRA versus DSA for follow-up of coiled intracranial aneurysms: a meta-analysis. American Journal of Neuroradiology, 35(9), 1655–1661. http://doi.org/10.3174/ajnr.A3700

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

CPT Code	Descriptor	Work RVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	RUC Mtg Date
70450	Computed tomography, head or brain; without contrast material	0.85	4	10	5	19	0.065	2012
70460	Computed tomography, head or brain; with contrast material(s)	1.13	5	12	5	22	0.076	2012
72193	Computed tomography, pelvis; with contrast material(s)	1.16	3	10	5	18	0.098	2005
74150	Computed tomography, abdomen; without contrast material	1.19	3	12	5	20	0.084	2005
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081	2016
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	5	12	5	22	0.081	2016
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	2011
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	5	15	5	25	0.084	2016
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	5	18	5	28	0.070	2013
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	5	20	5	30	0.076	2014
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	5	20	7	32	0.076	2013
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	5	25	7	37	0.081	2013

Summary of Recommendation for CPT Code 70545 ***[Magnetic resonance angiography, head; with IV contrast]***

Our expert panel recommends maintaining the current value of 70545 at 1.20 RVU, with survey median service period times of 5, 12, and 5 minutes.

Code 70545 *[Magnetic resonance angiography, head; with contrast material(s)]* is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is crucial in investigating subarachnoid hemorrhage, transient ischemic attack, stroke, vasculitis, stenosis of vasculature in patients with risk factors, trauma, congenital abnormalities, or anatomy prior to surgeries. In particular, it is critical in evaluating patients after aneurysm coiling. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70545 *[Magnetic resonance angiography, head; with contrast material(s)]* is a technically challenging examination to interpret. Understanding of MR physics and acquisitions techniques are required to distinguish between pathology and artifact. Synthesis of the information provided on different 3D and 2D source images are required to make the correct diagnosis. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70545

Our recommended work RVU of 1.20 compares favorably to the most commonly chosen key reference service of 70496 *[Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing]*. 70496 has a higher work RVU of 1.75, more intra-service time, but a lower IWPUT. A larger number of structures are evaluated on CT angiography compared to MR angiography, and therefore it takes more time to interpret the study. However, the interpretation of an MR angiography is more complex due to the large number of artifacts that can be present, and requires more effort than simply evaluating the vessels by contrast on CT. Artifacts that typically appear in the exam, such as in-plane saturation, flow reversal artifact and susceptibility artifacts can mimic pathology. Understanding MR physics and the acquisition techniques of the different sequences are essential to make an accurate diagnosis.

In the surveyed intensity/complexity measures, 70545 scored similar to 70496 in all categories, likely a reflection of the near identical indications and patient populations for these like studies evaluating vascular structures in the head. However, the expert panel would like to highlight the long standing view by the specialty societies that the modality of MRI is more technically challenging to interpret, requires more training, and a greater understanding of anatomy and physiology than a corresponding CT of the same body part. The expert panel would have expected MRA of the head to score higher on intensity and complexity measures than a similar CTA of the head reflecting the relative rank order differences between CT and MRI noted throughout the fee schedule.

The 8 minutes of additional intra-service time for 70496 compared to 70545 is balanced by a proportional 0.55 RVU difference when allowing for slight differences in IWPUT explained by technical challenges for interpreting MRI compared to CT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70545	**MRA head w/contrast**	**1.20**	**5**	**12**	**5**	**22**	**0.081**
70496	CTA head w/o & w/contrast	1.75	5	20	5	30	0.076

MPC Code for 70545

Our recommendation is compared to MPC code, 70470 *[Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections],* demonstrating similar work RVUs, intra-service time, total time, and IWPUT. The 3 minutes more of intra-service time for 70470 is appropriately balanced by the 0.07 higher work RVUs and the expected slightly lower IWPUT for CT compared to MRI.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70545	**MRA head w/contrast**	**1.20**	**5**	**12**	**5**	**22**	**0.081**
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070

Summary:

In summary, our expert panel recommends maintaining the current value of 70545 at 1.20 RVU, with median service period times of 5, 12, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70496, as well as the MPC code, 70470. Relativity is also appropriate across the 3 codes for MRA of the head and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 70545

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? 9500

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 70545 provided nationally in a one-year period is estimated to be 9,500.

Specialty Diagnostic Radiology Frequency 8900 Percentage 93.68 %

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? 3,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70545 is billed approximately 3,200 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 3000 Percentage 93.75 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70545

If this code is a new/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:70546 Tracking Number Original Specialty Recommended RVU: **1.76**
Presented Recommended RVU: **1.48**
Global Period: XXX RUC Recommended RVU: **1.48**

CPT Descriptor: Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A middle-aged person with history of an intra-cranial aneurysm status post embolization presents for evaluation of residual/recurrent aneurysms. MR angiogram of the head with and without IV contrast 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? 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? 9%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician reviews patient's medical history to determine if there are any contraindications for MR including pacemakers, implanted devices or retained metallic fragments. If the patient reports a history of having metal (i.e. bullet fragments), the physician may order x-rays to assess the location or presence of any metal. If the patient has implanted devices, the physician will investigate the MRI safety of the device in the MRI scanner and may adjust the protocol so that the device can be safely scanned. The physician reviews laboratory studies to assess renal function and also reviews the medical record for allergy history, absence of contraindications to contrast injection, and factors predisposing the patient to nephrogenic systemic fibrosis and any concerns of cumulative MRI contrast administration. The physician adjusts the contrast product and amount to be injected. The physician reviews the type of MRI contrast media administered for the prior studies to optimize safety and risk for the patient's age and other comorbidities. The physician discusses the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. The physician supervises the IV placement and communicates the protocol to the technologist.

Description of Intra-Service Work: The physician will determine if there are any areas of interest that will need post-processing for magnified views. The physician then interprets the axial source images pre-contrast and post-contrast images, maximum intensity projections (MIP), and reformats evaluating in detail the major vascular structures for evidence of thrombosis, embolus, aneurysmal dilatation, arteriovenous malformations, dissection, vascular anomalies, vasculitis, congenital variants, or atherosclerotic calcification. The physician assesses for collateral differences between the cerebral hemispheres. Physician will also assess any previously treated aneurysms for persistent filling on pre-contrast or post-contrast imaging. Comparison is made to all pertinent available prior studies. When applicable, the physician will request

or perform reconstructions of images to accurately assess the size and orientation of aneurysms or to measures arterial stenosis. The physician will also review the source pre-contrast and post-contrast images to ensure there is no mass effect, hydrocephalus, midline shift, abnormal enhancement or soft tissue mass. Dictate a report.

Description of Post-Service Work: The physician confirms lack of complication from contrast agent such as allergic reaction or extravasation of contrast. The physician reviews and signs the final report. The findings are then communicated to the referring physician, emergency department, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70546				
Sample Size:	2017	**Resp N:**	50	**Response:** 2.4 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform neuro imaging. The ASNR surveyed a random sample of 1267 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**20.00**	49.00	600.00
Survey RVW:	1.42	1.76	**1.90**	2.23	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70546	**Recommended Physician Work RVU: 1.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70496	XXX	1.75	**RUC Time**

CPT Descriptor Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 30.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 70546	Top Key Reference CPT Code: 70496	2nd Key Reference CPT Code: **70553**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	5.00	5.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**30.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.00	-0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	0.33
Urgency of medical decision making	0.13	0.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.53	0.53
Physical effort required	0.40	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.07	0.40
Outcome depends on the skill and judgment of physician	0.20	0.67
Estimated risk of malpractice suit with poor outcome	0.20	0.40

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.47	0.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 70544 *[Magnetic resonance angiography, head; without contrast material(s)*] was identified on CMS' high expenditure screen as potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70544, as well as the two other codes in the family, 70545 *[Magnetic resonance angiography, head; with contrast material(s)*] and 70546 [*Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining value for 70544 at 1.20 RVU which is the current survey 25%. The panel recommends maintaining value of 70545 at 1.20 RVU, which is below the current survey 25%. The panel is recommending a decrease in value for 70546 to 1.48 RVU, which is below the current survey 25%.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	5	12	5	22	0.081
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	5	15	5	25	0.084

Pre-facilitation

MRA of the head is a unique family amongst **ALL** MRI/MRA code families in that there is very little differences in work when one progresses from 70544 to 70545 to 70546. This has to do with the unique acquisition not duplicated in any other MRI or MRA family (including the MRA neck family). 70544, 70545, and 70546 have little differences in work or time, in fact, visually 70544 and 70545 exams could look identical to the untrained eye. The contrast administration speeds up the acquisition time of imaging on the technical side, and may slightly increase resolution in difficult situations such as patient's whom have had prior aneurysms coiled. The survey respondents recognized these minor differences by reporting identical service times between 70544 and 70545, and only a slight increase intra-service time for 70546. The survey respondents 25% work RVU for 70546 was 1.76, which resulted in a high IWPUT of 0.102. The surveyed time difference between 70545 and 70546 was 3 minutes of intra-service time and total time, yet the 25% survey work RVU differences were 0.56. The expert panel and surveying societies felt that this was not an accurate evaluation, and hence requested a pre-facilitation meeting to better value 70546.

During pre-facilitation, a cross walk of 70551 was chosen. 70551 service period times are 5 minutes of pre-service, 18 minutes of intra-service, and 5 minutes of post-service with a work RVU of 1.48 and an IWPUT of 0.070. The surveying societies recommendations are therefore, the median surveyed service periods for 70546 of 5 minutes of pre-service, 15 minutes of intra-service, and 5 minutes of post-service time with identical work RVU to the cross-walked code of 1.48. The surveyed code has 3 minutes of less intra-service time and total service time, with a higher IWPUT of 0.084, but the patient population for 70546 is more complex reflected in the differences between these two codes vignettes. 70551 is typically done on outpatients with headaches. This vignette was deemed typical by survey respondents in January 2013. 70546 vignette, deemed typical in the current survey, is a patient receiving the examination following intra-cranial aneurysm embolization coiling, undeniably a more complex patient. This greater complexity coupled with the slightly less intra-service time for the surveyed code is reflected in the higher IWPUT.

Compelling Evidence

The panel is not recommending an increase in value for any code in the family, and, therefore, is not seeking compelling evidence at this time. However, a few substantive changes have occurred in this code family since the previous valuation.

Flawed Methodology

70545

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70545 *[Magnetic resonance angiography, head; with contrast material(s)]* previously received survey times of 5 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70544 *[Magnetic resonance angiography, head; without contrast material(s)*], but for an unknown reason also assigned an identical work value of 1.20 for 70545 *[Magnetic resonance angiography, head; with contrast material(s)*] despite the surveyed time difference. Imaging codes in the same family with different intra-service times would typically have different work RVUs reflecting these time differences. Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

70546

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70546 *[Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* previously received survey times of 6 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70544 *[Magnetic resonance angiography, head; without contrast material(s)*] of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70544 *[Magnetic resonance angiography, head; without contrast material(s)]* based on the accepted survey times, but the work RVU for 70546 was not directly related to the assigned survey times during this session, but instead calculated using a building block methodology as follows: Code 70546 reflects the addition of the work relative value for 70544 and ½ the work relative value for 70545 (1.20+.60 = 1.80). Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

Change in Patient Population

70546

In 2002, the landmark clinical trial, International Subarachnoid Trial (ISAT) established that endovascular coiling produced better patient outcomes than open clipping in the treatment of brain aneurysms. Coiled intracranial aneurysms carry a small, but significant risk of recurring or growing even if completely treated, and even more so if not completely treated due to technical factors. A 2012 study by Dorfer and colleagues showed 24% of patients with follow-up imaging had minor post-coiling residuals and up to 22% had significant residual aneurysm or growth. 70545 and 70546 are accepted non-invasive techniques to evaluate patients after aneurysm coiling because the artifacts produced by the aneurysm coils is less on MRA than CT, and the contrast material increases the sensitivity of detecting residual filling or recurrence of the previously treated aneurysm. Meta-analysis in 2013 by van Amerongen and colleagues confirmed that relative to the gold standard, invasive angiography, 70546 are highly accurate in the detection of recurrent coiled aneurysms. Additionally, evaluating and following previously coiled intracranial aneurysms with contrast enhanced MRA of the head has fewer associated risks and is cheaper than using invasive angiography as a follow up mechanism. Therefore, the patient population for 70546 has dramatically changed over the past decade following ISAT, with the marked increase in number of patients undergoing endovascular coiling for aneurysms.

Dorfer C, Gruber A, Standhardt H, et al.: Management of residual and recurrent aneurysms after initial endovascular treatment. Neurosurgery 70:537–554, 2012.
van Amerongen, M. J., Boogaarts, H. D., de Vries, J.,et al. (2014). MRA versus DSA for follow-up of coiled intracranial aneurysms: a meta-analysis. American Journal of Neuroradiology, 35(9), 1655–1661. http://doi.org/10.3174/ajnr.A3700

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

CPT Code	Descriptor	Work RVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	RUC Mtg Date
70450	Computed tomography, head or brain; without contrast material	0.85	4	10	5	19	0.065	2012
70460	Computed tomography, head or brain; with contrast material(s)	1.13	5	12	5	22	0.076	2012
72193	Computed tomography, pelvis; with contrast material(s)	1.16	3	10	5	18	0.098	2005
74150	Computed tomography, abdomen; without contrast material	1.19	3	12	5	20	0.084	2005
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081	2016
70545	Magnetic resonance angiography, head; with contrast material(s)	1.20	5	12	5	22	0.081	2016
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	2011
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1.48	5	15	5	25	0.084	2016
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	5	18	5	28	0.070	2013
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	5	20	5	30	0.076	2014
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	5	20	7	32	0.076	2013
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.29	5	25	7	37	0.081	2013

Summary of Recommendation for CPT Code 70546 ***[Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]***

Our expert panel recommends slightly decreasing the current value of 70546 to 1.48 RVU, with survey median service period times of 5, 15, and 5 minutes.

Code 70546 *[Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is crucial in investigating subarachnoid hemorrhage, transient ischemic attack, stroke, vasculitis, stenosis of vasculature in patients with risk factors, trauma, congenital abnormalities, or anatomy prior to surgeries. In particular, it is critical in evaluating patients after aneurysm coiling. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70546 *[Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences]* is a technically challenging examination to interpret. Understanding of MR physics and acquisitions techniques are required to distinguish between pathology and artifact. Synthesis of the information provided on different 3D and 2D images are required to make the correct diagnosis. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70546

Our recommended work RVU of 1.48 is less than most commonly chosen key reference service of 70496 *[Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing]*. 70496 has slightly more intra-service time, and a slightly lower IWPUT. A larger number of structures are evaluated on CT angiography compared to MR angiography, and therefore it takes more time to interpret the study. However, the interpretation of an MR angiography is more complex due to the high number of artifacts that can be present, and requires more effort than simply evaluating the vessels by contrast on CT. Artifacts that typically appear in the exam, such as in-plane saturation, flow reversal artifact and susceptibility artifacts can mimic pathology. Understanding MR physics and the acquisition techniques of the different sequences are essential to make an accurate diagnosis.

In the surveyed intensity/complexity measures, 70546 scored similar to 70496 in all categories, likely a reflection of the near identical indications and patient populations for these like studies evaluating vascular structures in the head. However, the expert panel would like to highlight the long standing view by the specialty societies that the modality of MRI is more technically challenging to interpret, requires more training, and a greater understanding of anatomy and physiology than a corresponding CT of the same body part. The expert panel would have expected MRA of the head to score higher on intensity and complexity measures than a similar CTA of the head reflecting the relative rank order differences between CT and MRI noted throughout the fee schedule.

The 5 minutes of additional intra-service time for 70496 is balanced by a proportional decrease in work RVU of 0.27, with a resultant slightly higher IWPUT for the survey code attributed to the technical challenges for interpreting MRI compared to CT. Additionally, MRA of the head without and with IV contrast, by analysis from the expert panel, has a more intense and complex patient population, reflective of its utility in evaluating patients who have undergone endovascular treatment for intracranial aneurysms, an indication poorly assessed with CTA of the head.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70546	MRA head w/o and w/contrast	1.48	5	15	5	25	0.084
70496	CTA head w/o & w/contrast	1.75	5	20	5	30	0.076

MPC Code for 70546

Our recommendation is compared to the MPC code, 70470 *[Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections],* demonstrating identical service period

and total times, but different work RVU and IWPUT. The 0.21 more work RVUs and higher IWPUT for the surveyed code are felt to be properly balanced given the previously described technical challenges of interpreting MRI vs. CT, as well as the more intense and complex patient population encountered during performing 70546 (typically patients who have had endovascular repair of an intracranial aneurysm).

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070
70546	**MRA head w/o and with contrast**	**1.48**	**5**	**15**	**5**	**25**	**0.084**

Summary:

In summary, our expert panel recommends a decrease in the current value of 70546 to 1.48 RVU, with median service period times of 5, 15, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70496, as well as the MPC code, 70470. Relativity is also appropriate across the 3 codes for MRA of the head and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 70546

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? 47200
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 70546 provided nationally in a one-year period is estimated to be 47,200

Specialty Diagnostic Radiology Frequency 44400 Percentage 94.06 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,700 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70546 is billed approximately 15,700 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 14800 Percentage 94.26 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70546

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: MRA Head

TAB: 18

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	20	0.076			1.75			30	5					20			5
2nd REF	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	7	0.070			1.27			25	5					15			5
3rd REF	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	7	0.070			1.48			28	5					18			5
Apr-00	70544	Magnetic resonance angiography, head; without contrast material(s)		0.086			1.20			25	5					10			10
SVY	70544	Magnetic resonance angiography, head; without contrast material(s)	50	0.106	0.89	1.20	1.49	1.75	2.50	22	5			3	10	12	15	30	5
REC	70544	Magnetic resonance angiography, head; without contrast material(s)		0.081			1.20			22	5					12			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	26	0.076			1.75			30	5					20			5
2nd REF	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	8	0.076			1.78			32	5					20			7
Apr-00	70545	Magnetic resonance angiography, head; with contrast material(s)		0.058			1.20			30	5					15			10
SVY	70545	Magnetic resonance angiography, head; with contrast material(s)	50	0.127	1.00	1.40	1.75	1.85	2.60	22	5			3	10	12	16	35	5
REC	70545	Magnetic resonance angiography, head; with contrast material(s)		0.081			1.20			22	5					12			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	15	0.076			1.75			30	5					20			5
2nd REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	15	0.081			2.29			37	5					25			7
Apr-00	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences		0.096			1.80			31	6					15			10
SVY	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	50	0.112	1.42	1.76	1.90	2.23	3.00	25	5			3	15	15	20	40	5
REC	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences		0.084			1.48			25	5					15			5

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

18
Tab Number
Issue
Magnetic Resonance Angiography (MRA) Head
Code Range
(70544-46)

Attestation Statement

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Signature

Greg Nicola, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

7/19/16
Date

18
Tab Number
Magnetic Resonance Angiography (MRA) Head
Issue
(70544-46)
Code Range

Attestation Statement

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Signature

Joshua Hirsch, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

7/19/16
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: Oct. 2016

70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), and American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for the MRA head code family, CPT codes 70544, 70545, and 70546.

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 70544, 70545, and 70546 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** - The specialty is recommending an increase in time since MR involves strong magnetic fields and ensuring patient safety is important. More specifically, all objects in the room must be MRI compatible. MR exams involve the use of MR coils which vary based on the body part studied and are specifically selected to fit the patient. These coils must be prepared for the intended exam, positioned, and attached to the MR unit. In addition, the examinations involving the use of contrast require setup of the injector apparatus and preparation of the contrast material.
- **Prepare and position patient/ monitor patient/ set up IV** – The specialty is recommending an increase in time to allow for positioning the patient to ensure they are comfortable during the lengthy procedure since motion artifact can degrade the quality of the exam. Pillows are typically positioned under the patient's knees to relieve stress off the back during the long image acquisition period. The patient's head must be properly placed into the coils. If contrast is being administered, any IV lines must be secured to prevent disengagement. The technologist must confirm the patient has no MR incompatible internal devices (such as metal in or on clothing), personal possessions and even superficial tattoos. These may be dangerous or cause artifacts while the patient is in or around the MRI magnet.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS [2017 MPFS Proposed Rule] and the RUC [2017 MPFS Proposed Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard

exists for this activity. The specialty does acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS. The specialty believes that MRA head is at the higher end of complexity for radiology services since MR involves hundreds of images in multiple planes. Interpretation of MRI findings typically requires comparison of multiple sequences. Incomplete, poor quality, or missing sequences can lead to an inconclusive exam. The number of images and importance of QC warrant the four minutes recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Obtain vital signs** – clinically necessary for 70545 and 70546; related to contrast administration.
- **Provide pre-service education/obtain consent –** These times parallel other recent MRI codes, including, MRI brain and MRI face. This time is necessary to educate the patient about the MRI and specific risks, including an extensive evaluation for implanted or external devices, as well as any ferromagnetic objects on or around the patient, including certain types of clothing if they are to be worn in addition to the gown.
- **Gown, patient (SB026) –** clinically necessary supply item
- **Paper, exam table (SB036)** – clinically necessary supply
- **PACS Professional Workstation (ED053) -** in the CY 2016 MPFS Final Rule, CMS acknowledged that the costs of the professional workstation may be analogous to costs previously incorporated as direct PE inputs. In the CY 2017 MPFS Proposed Rule, CMS indicates that they will allow the addition of the professional PACS workstation to 70000 series codes that use the current technical PACS workstation and include professional work for which such a workstation would be used. The ACR, as approved by the RUC at the April 2016 meeting, is recommending that this equipment time equal the sum of the physician work pre-service time and intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire Images
- 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	L	N
1	**Revised at RUC 10/5/16**			**FERENCE CC**		**FERENCE COI**		**REFERENCE CODI**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**70544**	**70544**	**70545**	**70545**	**70546**	**70546**
3	**Meeting Date: October 2016** **Tab: 18 - MRA Head**	**CMS Code**	**Staff Type**	Magnetic resonance	Magnetic resonance	Magnetic resonance	Magnetic resonance	Magnetic resonance	Magnetic resonance angiography, head;
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**			**89.0**	**76.0**	**91.0**	**79.0**	**128.0**	**120.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047A** ~~L041A~~	**MR Tech** ~~Angio Tech~~	**5.0**	**4.0**	**5.0**	**4.0**	**5.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047A** ~~L041A~~	**MR Tech** ~~Angio Tech~~	**74.0**	**72.0**	**76.0**	**75.0**	**113.0**	**116.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L026A**	**Med/Tech Asst**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	**Complete pre-service diagnostic & referral forms**								
13	**Coordinate pre-surgery services**								
14	**Schedule space and equipment in facility**								
15	**Provide pre-service education/obtain consent**								
16	**Follow-up phone calls & prescriptions**								
17	**Availability of prior images confirmed**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5**	**2**	**5**	**2**	**5**	**2**
18	**Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**2**		**2**		**2**
19	**Other Clinical Activity - *specify:***								
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	**Greet patient, provide gowning, ensure appropriate medical records are available**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**3**	**3**	**3**	**3**	**3**	**3**
24	**Obtain vital signs**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~				**3**		**3**
25	**Provide pre-service education/obtain consent**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**7**	**3**	**9**	**3**	**9**
26	**Prepare room, equipment, supplies**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5**	**3**	**5**	**5**	**6**	**5**
27	**Setup scope (non facility setting only)**								
28	**Prepare and position patient/ monitor patient/ set up IV**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5**	**3**	**5**	**5**	**5**	**5**
29	**Start angiocath**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~			**5**		**5**	
30	**Sedate/apply anesthesia**								
31	**Other Clinical Activity - specify:**								
32	**Intra-service**								
33	**Acquire images**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**26**	**26**	**20**	**20**	**41**	**41**
34	**Computer post-processsing**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**30**	**20**	**30**	**20**	**45**	**40**
35	**Post-Service**								
36	**Monitor pt. following moderate sedation**								
37	**Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)**								
38	**Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)**								
39	**Clean room/equipment by physician staff**	L047A	MR Tech	**5**	**3**	**5**	**3**	**5**	**3**
40	**Clean Scope**								
41	**Clean Surgical Instrument Package**								
42	**Complete diagnostic forms, lab & X-ray requisitions**								
43	**Review/read X-ray, lab, and pathology reports**								
44	**Check dressings & wound/ home care instructions /coordinate office visits /prescriptions**								
45	**Technologist QC's images in PACS, checking for all images, reformats, and dose page**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**4**		**4**		**4**
46	**Review examination with interpreting MD**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**2**		**2**		**2**
47	**Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**1**		**1**		**1**
48	**Other Clinical Activity - specify:**								
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**								
63	**Other Clinical Activity - *specify: Assembly of films/preparation for radiologic interpretation***	L026A	Med/Tech Asst	**10**		**10**		**10**	
64	**End: with last office visit before end of global period**								
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
66	**kit, iv starter**	SA019	kit				**1**		**1**
67	tourniquet (1)								
68	alcohol prep pad (1)								
69	PVP ointment (1)								
70	PVP prep pad (1)								
71	2x2 gauze sponges (2)								
72	1x3 bandage (1)								
73	sm roll surgical tape (1)								
74	pr goves (1)								
75	Chux underpad 2ft x 3ft (1)								
76	**drape, non-sterile, sheet 40in x 60in**	SB006	item				**1**		**1**
77	**gown, patient**	SB026	item		**1**		**1**		**1**

	A	B	C	D	F	H	J	L	N
1	**Revised at RUC 10/5/16**			**FERENCE CC**		**:FERENCE COI**		**REFERENCE CODI**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**70544**	**70544**	**70545**	**70545**	**70546**	**70546**
3	**Meeting Date: October 2016** **Tab: 18 - MRA Head**	**CMS Code**	**Staff Type**	Magnetic resonance	Magnetic resonance	Magnetic resonance	Magnetic resonance	Magnetic resonance	Magnetic resonance angiography, head;
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
78	**cap-headcover, patient**	SB029	item	**1**	**1**	**1**	**1**	**1**	**1**
79	**paper, exam table**	SB036	foot		**7**		**7**		**7**
80	**Angiocatheter 14g-24g**	SC001	item			**1**	**1**	**1**	**1**
81	**heparin lock**	SC012	item			**1**	**1**	**1**	**1**
82	**iv tubing (extension)**	SC019	foot			**1**	**1**	**1**	**1**
83	**needle, 18-27g**	SC029	item				**2**		**2**
84	**syringe 20ml**	SC053	item				**2**		**2**
85	**syringe 5-6ml**	SC057	item			**2**	**2**	**2**	**2**
86	**syringe, 25ml (MRI power injector)**	SC059	item			**1**	**1**	**1**	**1**
87	**bandage, strip 0.75in x 3in (Bandiad)**	SG021	item			**1**	**1**	**1**	**1**
88	**sodium chloride 0.9% flush syringe**	SH065	item			**1**	**1**	**1**	**1**
89	**earplugs**	SJ018	pair	**1**	**1**	**1**	**1**	**1**	**1**
90	**swab-pad, alcohol**	SJ053	item			**1**	**0**	**1**	**0**
91	**patient education booklet**	SK062	item	**1**	**1**	**1**	**1**	**1**	**1**
92	**EQUIPMENT**	**CODE**							
93	**intercom (incl. master, pt substation, power, wiring)**	EQ139		**74**		**72**		**113**	
94	**PACS Workstation Proxy**	ED050		**74**	**72**	**72**	**75**	**113**	**116**
95	**room, MR**	EL008		**74**	**39**	**72**	**37**	**113**	**58**
96	**PACS Professional Workstation**	ED053			**17**		**17**		**20**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Magnetic Resonance Angiography (MRA) Neck

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 70549 was identified as part of this screen.

Comparing this family of codes to MRA Head, the specialty clarified to the RUC that there is larger step-up in physician work for each code in the MRA neck family since the pre-contrast images are acquired using a totally different technique in the axial plane, whereas the post-contrast images are different technique in the coronal plane with bolus tracking. The field of view is larger on the post-contrast images and more structures are visualized and need to be evaluated, including the aorta and origin of the great vessels. Therefore, the work increment between each MRA neck code is greater.

During their RUC presentation, the specialty noted that MRA head and neck were last valued 16 years ago. The specialty noted and the RUC agreed that the assignment of RVUs during that valuation period was considered flawed methodology because the previous RVU assignment was not directly related to the surveyed times. However, the current survey demonstrates similar intraservice times compared to 16 years ago. The major changes in time have occurred in the pre and post service periods, which given the flawed methodology determination and the relatively low intensity of pre-service and post-service time, is of dubious significance. The RUC agreed with the specialty that the newly proposed RVU values and physician times maintain relativity within the MRI family, throughout radiology, and across the fee schedule, and correlate with the current survey times.

70547 ***Magnetic resonance angiography, neck; without contrast material(s)***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 12 minutes and post-service time of 5 minutes.

The RUC reviewed the current value and survey 25th percentile work RVU of 1.20 and agreed that it is appropriate for this service. To justify a work RVU of 1.20, the RUC compared the survey code to 2nd Key Reference code 74150 *Computed tomography, abdomen; without contrast material* (work RVU of 1.19, intra-service time of 12 minutes and total time of 20 minutes) and noted that both services have identical intra-service time and the survey code has somewhat more total time, supporting a slightly higher work RVU for the survey code. To further support a work RVU of 1.20, the RUC compared the survey code to MPC code 70470 *Computed tomography, head or brain; without contrast material,*

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followed by contrast material(s) and further sections (work RVU of 1.27, intra-service time of 15 minutes) and noted that the reference code has somewhat more intra-service and total time, justifying a somewhat lower RVU for the survey code. **The RUC recommends a work RVU of 1.20 for CPT code 70547.**

70548 ***Magnetic resonance angiography, neck; with contrast material(s)***
Prior to reviewing the survey data for this service, the RUC considered compelling evidence that the current work RVU of 1.20 may be incorrect. The specialty presented a compelling evidence argument that a flawed methodology was used to value this service when it was last valued. CPT code 70548 previously received survey times of 10 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70547 of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from the time period explained assigning work RVU of 1.20 to the base code 70547 based on the survey, but for an unknown reason also assigned an identical work value of 1.20 for 70548 despite the surveyed time difference. Imaging codes in the same family with different intra-service times would typically have different work RVUs reflecting these time differences. Therefore, the societies expressed concern about the prior methodology not meeting current RUC standards. Given this information, the RUC approved compelling evidence that the current work value for CPT code 70548 may be incorrect.

The RUC reviewed the survey results from 37 radiologists and neuroradiologists and recommends 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 survey 25th percentile work RVU of 1.50 and agreed it is appropriate for this service. To justify a work RVU of 1.50, the RUC compared the survey code to CPT Code 70551 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material* (work RVU of 1.48, intra-service time of 18 minutes, total time of 28 minutes) and noted that although the comparator code has slightly more intra-service and total time, the survey code describes a service with somewhat more intense physician work. To further validate a work RVU of 1.50, the RUC compared the survey code to CPT code 95865 *Needle electromyography; larynx* (work RVU of 1.57, intra-service time of 15 minutes and total time of 31.5 minutes) and noted that both services have identical intra-service time and involve a similar amount of physician work, further supporting a work RVU of 1.50 for the survey code. **The RUC recommends a work RVU of 1.50 for CPT code 70548.**

70549 ***Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences***
The RUC reviewed the survey results from 37 radiologists and neuroradiologists and recommends 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 survey 25th percentile work RVU of 1.80 and agreed that the current value of 1.80 is appropriate for this service. To justify a work RVU of 1.80, the RUC compared the survey code to top key reference code 70498 *Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU of 1.75, intra-service time of 20 minutes, total time of 30 minutes) and noted that with identical times and 67 percent of the survey respondents ranking the survey code as being more

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intense/complex relative to the reference code, a slightly higher work RVU is justified for the survey code. To further support a work RVU of 1.80, the RUC compared the survey code to CPT code 70552 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)* (work RVU of 1.78, intra-service time of 20 minutes, total time of 32 minutes) and noted that both services have identical intraservice times and similar total time, justifying a similar valuation. **The RUC recommends a work RVU of 1.80 for CPT code 70549.**

Practice Expense
The Practice Expense Subcommittee reviewed the recommended direct PE inputs and made several modifications. First, the specialties noted that the current inputs for these codes incorrectly list an angio tech as the clinical staff. This was a typo, as it is typical to have an MR tech perform MR procedures. The Subcommittee agreed and had MR tech (L047A) inserted. Second, there were several supplies missing. An IV starter kit (SA019), non-sterile drape (SB006), a needle (SC029) and a syringe (SC053) were all added. Finally, the intercom (EQ139) equipment was removed. The swab-pad, alcohol (SJ053) was removed, since one is included in the IV starter kit.

The Subcommittee discussed the clinical staff time required to acquire the images and why they don't match the physician time. They must obtain clear images of the neck, with only a ghosting of the vessels "without contrast", which is different to looking at a ghost of the neck with detail of the vessel for "with contrast". Therefore, the differences in clinical staff time were appropriate. Finally, the RUC discussed whether or not it was appropriate to have 7 minutes of obtain consent for the non-contrast code (70547) and 9 minutes for the "with contrast" codes (70548, 70549). The specialty societies explained that multiple activities occur in this single line item, including obtaining consent for the procedure, educating the patient about the MRI exam, and going through a safety checklist before the patient can enter the MRI room due to the strong magnetic field. Additionally, these patients have neurologic issues (e.g. aneurysm clips and strokes), so it takes longer to consent those patients. Also, there is a cage around the patient's head, making the area much more constrained than other MR procedures. The patient is going deeper in the magnet, so there is more explanation needed as to what will be happening. The RUC reviewed an accepted the direct PE inputs as modified by Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70547 (f)	Magnetic resonance angiography, neck; without contrast material(s)	XXX	1.20 (No Change)
70548 (f)	Magnetic resonance angiography, neck; with contrast material(s)	XXX	1.50

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70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	XXX	1.80 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70547 Tracking Number Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX RUC Recommended RVU: **1.20**

CPT Descriptor: Magnetic resonance angiography, neck; without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly person with chronic renal failure presents with transient right facial numbness and weakness concerning for a transient ischemic attack. MR angiogram of the neck without IV contrast is 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? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician reviews patient's medical history to determine if there are any contraindications for MR including pacemakers, implanted devices or retained metallic fragments. If the patient reports a history of having metal (i.e. bullet fragments), the physician may order x-rays to assess the location or presence of any metal. If the patient has implanted devices, the physician will investigate the MRI safety of the device in the MRI scanner and may adjust the protocol so that the device can be safely scanned. The physician communicates the protocol to the technologist.

Description of Intra-Service Work: The physician will determine if there are any areas of interest that will need post-processing for magnified views. The physician then interprets the axial source images, maximum intensity projections (MIP), and reformats evaluating in detail the major vascular structures of the neck for stenosis (based on North American Symptomatic Carotid Endarterectomy Trial [NASCET] criteria) requiring either direct (obtaining measurements of diameters) or indirect comparison of the segment of stenosis with a normal segment distal to area of stenosis. Evaluate for thrombosis, embolus, aneurysms and/or pseudoaneurysms, vascular anomalies, vascular loops, dissections, and external compressions of the major arteries in the neck. Assess right innominate artery, bilateral common carotid, external carotid, internal carotid, and vertebral arteries. Evaluate aortic arch, visualized subclavian arteries, and visualized pulmonary vessels. Assess for arterialization of any jugular veins, innominate veins, and subclavian veins for patency, thrombus, or fistulas. Interpret the axial source images, the multiplanar images, and three-dimensional reformats. Evaluate visualized brain parenchyma, cervical cord and vertebrae, and visualized lung apices. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: The physician reviews and signs the final report. The findings are then communicated to the referring physician, emergency department, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70547				
Sample Size:	2017	**Resp N:**	37	**Response:** 1.8 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform neuro imaging. The ASNR surveyed a random sample of 1267 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	25.00	**66.00**	115.00	1300.00
Survey RVW:	0.83	1.20	**1.50**	1.80	2.40
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70547	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70498	XXX	1.75	**RUC Time**

CPT Descriptor Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74150	XXX	1.19	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

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
72141	XXX	1.48	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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: 13 **% of respondents:** 35.1 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 16.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 70547	Top Key Reference CPT Code: 70498	2nd Key Reference CPT Code: **74150**
Median Pre-Service Time	5.00	5.00	3.00
Median Intra-Service Time	12.00	20.00	12.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**30.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.08	0.67
Urgency of medical decision making	0.08	0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.08	-0.33
Physical effort required	-0.15	0.83

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	-0.33
Outcome depends on the skill and judgment of physician	0.15	0.83
Estimated risk of malpractice suit with poor outcome	0.23	0.17

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.15	0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 70549 *[Magnetic resonance angiography, neck; without followed by contrast material(s) and further sequences]* was identified on CMS' high expenditure screen as potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70549, as well as the other 2 codes in the family, 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]* and 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends the 25th percentile survey data for 70547, 70548, and 70549. This represents current value for 70547 and 70549, and an increase in value for 70548.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70547	MRA neck w/o contrast	1.20	5	12	5	22	0.081
70548	MRA neck w/contrast	1.50	5	15	5	25	0.085
70549	MRA neck w/o & w/contrast	1.80	5	20	6	31	0.078

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

Code	Descriptor	Work RVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	RUC reviewed
70450	Computed tomography, head or brain; without contrast material	0.85	4	10	5	19	0.065	2012
70460	Computed tomography, head or brain; with contrast material(s)	1.13	5	12	5	22	0.076	2012
70547	**Magnetic resonance angiography, neck; without contrast material(s)**	**1.20**	**5**	**12**	**5**	**22**	**0.081**	**2016**
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	2011
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.48	5	20	5	30	0.063	2013
70548	**Magnetic resonance angiography, neck; with contrast material(s)**	**1.50**	**5**	**15**	**5**	**25**	**0.085**	**2016**
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	5	20	5	30	0.076	2014
70549	**Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**	**1.80**	**5**	**20**	**6**	**31**	**0.078**	**2016**
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	2.29	5	25	5	35	0.083	2013

Summary of Recommendation for CPT Code 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]*

Our expert panel recommends maintaining the current value of 70547 at 1.20 RVU, with survey median service period times of 5, 12, and 5 minutes.

Code 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]* is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is pivotal in investigating transient ischemic attack, stroke, stenosis of vasculature in patients with risk factors, trauma, congenital abnormalities, or anatomy prior to surgeries. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]* is a technically challenging examination to interpret. Understanding of MR physics and acquisitions techniques are required to distinguish between pathology and artifact. Synthesis of the information provided on different two dimension and three dimensional images are required to make the correct diagnosis. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70547

Our recommended work RVU of 1.20 compares favorably to the most commonly chosen key reference service of 70498 *[Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing]*. 70498 has a higher work RVU of 1.75, more intra-service time, and a slightly lower IWPUT. A larger number of structures are evaluated on CT angiography compared to MR angiography, and therefore it takes more time to interpret the study. However, the interpretation of an MR angiography is more complex due to the high number of artifacts, interpretation of flow dynamics, and the technical training required to interpret MRI compared to CT. Artifacts that typically appear in the exam, such as in-plane saturation, flow reversal artifact and susceptibility artifacts can mimic pathology. Understanding MR physics and the acquisition techniques of the different sequences are essential to make an accurate diagnosis.

In the surveyed intensity/complexity measures, 70547 scored similar to 70498 in all categories, likely a reflection of the near identical indications and patient populations for these like studies evaluating vascular structures in the neck. However, the expert panel would like to highlight the long standing view by the specialty societies that the modality of MRI is more technically challenging to interpret, requires more training, and a greater understanding of anatomy and physiology than a corresponding CT of the same body part. The expert panel would have expected MRA of the neck to score higher on intensity and complexity measures than a similar CTA of the neck reflecting the relative rank order differences between CT and MRI noted throughout the fee schedule.

The 8 minutes of additional intra-service time for 70498 compared to 70547 is balanced by a proportional 0.55 RVU difference when allowing for slight differences in IWPUT explained by technical challenges for interpreting MRI compared to CT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70547	**MRA neck w/o contrast**	**1.20**	**5**	**12**	**5**	**22**	**0.081**
70498	CTA neck w/o & w/contrast	1.75	5	20	5	30	0.076

MPC Code for 70547

Our recommendation is compared to the MPC code, 70470 *[Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections]*, demonstrating similar work RVUs, intra-service time, total time, and IWPUT. The 3 minutes more of intra-service time for 70470 is appropriately balanced by the 0.07 higher work RVUs and the expected slightly lower IWPUT for CT compared to MRI.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70547	**MRA neck w/o contrast**	**1.20**	**5**	**12**	**5**	**22**	**0.081**
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070

Summary:

In summary, our expert panel recommends maintaining the current value of 70547 at 1.20 RVU, with median service period times of 5, 12, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70498, as well as the MPC code, 70470. Relativity is also appropriate across the 3 codes for MRA of the neck and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 70547

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? 234500
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 70547 provided nationally in a one-year period is estimated to be 234,500.

Specialty Diagnostic Radiology Frequency 216840 Percentage 92.46 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 78,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70547 is billed approximately 78,200 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 72300 Percentage 92.45 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70547

If this code is a new/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:70548 Tracking Number Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Magnetic resonance angiography, neck; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly person with acute onset of intermittent right facial numbness and weakness concerning for a transient ischemic attack. The patient had a non-contrast study the day before which was inconclusive. MR angiogram of the neck with IV contrast is ordered.

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? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician reviews patient's medical history to determine if there are any contraindications for MR including pacemakers, implanted devices or retained metallic fragments. If the patient reports a history of having metal (i.e. bullet fragments), the physician may order x-rays to assess the location or presence of any metal. If the patient has implanted devices, the physician will investigate the MRI safety of the device in the MRI scanner and may adjust the protocol so that the device can be safely scanned. The physician reviews laboratory studies to assess renal function and also reviews the medical record for allergy history, absence of contraindications to contrast injection, and factors predisposing the patient to nephrogenic systemic fibrosis. The physician adjusts the contrast product and amount to be injected. The physician discusses the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. The physician supervises the IV placement and communicates the protocol to the technologist.

Description of Intra-Service Work: The physician will determine if there are any areas of interest that will need post-processing for magnified views. The physician then interprets the axial source post-contrast images, maximum intensity projections (MIP), and reformats evaluating in detail the major vascular structures of the neck for stenosis (based on North American Symptomatic Carotid Endarterectomy Trial [NASCET] criteria) requiring either direct (obtaining measurements of diameters) or indirect comparison of the segment of stenosis with a normal segment distal to area of stenosis. Evaluate for thrombosis, embolus, aneurysms and/or pseudoaneurysms, vascular anomalies, vascular loops, dissections, and external compressions of the major arteries in the neck. Assess right innominate artery, bilateral common carotid, external carotid, internal carotid, and vertebral arteries. Evaluate aortic arch, visualized subclavian arteries, and visualized pulmonary vessels. Assess for arterialization of any jugular veins, innominate veins, and subclavian veins for patency, thrombus, or fistulas. Interpret the axial source images, the multiplanar images, and three-dimensional reformats. Evaluate visualized

brain parenchyma, cervical cord and vertebrae, and visualized lung apices. Evaluate for any abnormal enhancing areas in the visualized brain or soft tissue. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: The physician confirms lack of complication from contrast agent such as allergic reaction or extravasation of contrast. The physician reviews and signs the final report. The findings are then communicated to the referring physician, emergency department, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70548				
Sample Size:	2017	**Resp N:**	37	**Response:** 1.8 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform neuro imaging. The ASNR surveyed a random sample of 1267 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	5.00	**15.00**	50.00	1000.00
Survey RVW:	1.20	1.50	**1.75**	2.00	2.45
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	12.00	**15.00**	20.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70548	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70498	XXX	1.75	**RUC Time**

CPT Descriptor Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72142	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 54.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 10.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 70548	Top Key Reference CPT Code: 70498	2nd Key Reference CPT Code: **72142**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	15.00	20.00	23.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**30.00**	**33.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.10	0.50
Urgency of medical decision making	0.00	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.15	0.75
Physical effort required	0.30	0.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.10	0.50
Outcome depends on the skill and judgment of physician	0.35	1.00
Estimated risk of malpractice suit with poor outcome	0.20	1.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.45	0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 70549 *[Magnetic resonance angiography, neck; without followed by contrast material(s) and further sequences]* was identified on CMS' high expenditure screen as potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70549, as well as the other 2 codes in the family, 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]* and 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends the 25th percentile survey data for 70547, 70548, and 70549. This represents current value for 70547 and 70549, and an increase in value for 70548.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70547	MRA neck w/o contrast	1.20	5	12	5	22	0.081
70548	MRA neck w/contrast	1.50	5	15	5	25	0.085
70549	MRA neck w/o & w/contrast	1.80	5	20	6	31	0.078

Compelling Evidence

The panel recommends an increase in value in only one code in the family, 70548, based on flawed methodology.

Flawed Methodology

According to the RUC database from the last RUC valuation of this code family in April of 2000, CPT code 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* previously received survey times of 10 minutes of preservice work, 15 minutes of intra-service work, and 10 minutes of post-service work. This is compared to previous survey times for 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]* of 5 minutes of preservice work, 10 minutes of intra-service work, and 10 minutes of post-service work. The RUC rationale from this time period explains assigning work RVU of 1.20 to the base code 70547 based on survey, but for an unknown reason also assigned an identical work value of 1.20 for 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* despite the surveyed time difference. Imaging codes in the same family with different intra-service times would typically have different work RVUs reflecting these time differences. Therefore, the societies have a concern about the prior methodology not meeting current RUC standards.

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

Code	Descriptor	Work RVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	RUC reviewed
70450	Computed tomography, head or brain; without contrast material	0.85	4	10	5	19	0.065	2012
70460	Computed tomography, head or brain; with contrast material(s)	1.13	5	12	5	22	0.076	2012
70547	**Magnetic resonance angiography, neck; without contrast material(s)**	**1.20**	**5**	**12**	**5**	**22**	**0.081**	**2016**
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	2011
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.48	5	20	5	30	0.063	2013
70548	**Magnetic resonance angiography, neck; with contrast material(s)**	**1.50**	**5**	**15**	**5**	**25**	**0.085**	**2016**
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	5	20	5	30	0.076	2014
70549	**Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**	**1.80**	**5**	**20**	**6**	**31**	**0.078**	**2016**
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	2.29	5	25	5	35	0.083	2013

Summary of Recommendation for CPT Code 70548 *[Magnetic resonance angiography, neck; with IV contrast]*

Our expert panel recommends increasing the value of 70548 at 1.50 RVU, with survey median service period times of 5, 15, and 5 minutes.

Code 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is pivotal in investigating transient ischemic attack, stroke, stenosis of vasculature in patients with risk factors, trauma, congenital abnormalities, or anatomy prior to surgeries. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* is a technically challenging examination to interpret. Understanding of MR physics and acquisitions techniques are required to distinguish between pathology and artifact. Synthesis of the information provided on different 3D and 2D source images are required to make the correct diagnosis. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70548

Our recommended work RVU of 1.50 compares favorably to the most commonly chosen key reference service, 70498 *[Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing]*. 70498 has a higher work RVU of 1.75, more intra-service time, and a lower IWPUT. A larger number of structures are evaluated on CT angiography compared to MR angiography, and therefore it takes more time to interpret the study. However, the interpretation of an MR angiography is more complex due to the high number of artifacts that can be present, and requires more effort than simply evaluating the vessels by contrast on CT. Artifacts that typically appear in the exam, such as in-plane saturation, flow reversal artifact and susceptibility artifacts can mimic pathology. Understanding MR physics and the acquisition techniques of the different sequences are essential to make an accurate diagnosis.

In the surveyed intensity/complexity measures, 70548 scored similar to 70498 in all categories, likely a reflection of the near identical indications and patient populations for these like studies evaluating vascular structures in the neck. However, the expert panel would like to highlight the long standing view by the specialty societies that the modality of MRI is more technically challenging to interpret, requires more training, and a greater understanding of anatomy and physiology than a corresponding CT of the same body part. The expert panel would have expected MRA of the neck to score higher on intensity and complexity measures than a similar CTA of the neck reflecting the relative rank order differences between CT and MRI noted throughout the fee schedule.

The 5 minutes of additional intra-service time for 70498 compared to 70548 is balanced by a proportional 0.25 RVU difference when allowing for slight differences in IWPUT explained by technical challenges for interpreting MRI compared to CT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70548	**MRA neck w/contrast**	**1.50**	**5**	**15**	**5**	**25**	**0.085**
70498	CTA neck w/o & w/contrast	1.75	5	20	5	30	0.076

MPC Code for 70548

Our recommendation is compared to the MPC code, 70470 *[Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections],* demonstrating identical service period and total times, but different work RVU and IWPUT. The 0.23 more work RVUs and higher IWPUT for the surveyed code are felt to be properly balanced given the previously described technical challenges of interpreting MRI vs. CT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT

70548	**MRA neck w/contrast**	**1.50**	**5**	**15**	**5**	**25**	**0.085**
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070

Summary:

In summary, our expert panel recommends increasing the current value of 70548 to 1.50 RVU, with median service period times of 5, 15, and 5 minutes. The societies presented compelling evidence for previous misvaluation of this code at 1.20 work RVU secondary to flawed methodology. We believe the recommended work RVU and times compare favorably with the most commonly chosen key reference service, 70498, as well as the MPC code, 70470. Relativity is also appropriate across the 3 codes for MRA of the neck and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 70548

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty 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? 76800
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 70548 provided nationally in a one-year period is estimated to be 76,800.

Specialty Diagnostic Radiology Frequency 72200 Percentage 94.01 %

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? 25,600 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70548 is billed approximately 25,600 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 24100 Percentage 94.14 %

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:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70548

If this code is a new/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:70549 Tracking Number Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: XXX RUC Recommended RVU: **1.80**

CPT Descriptor: Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly person with acute onset of right hemiparesis concerning for stroke. MR angiogram of the neck with and without IV contrast is ordered.

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? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: The physician reviews the request for appropriateness and reviews clinical history and any prior applicable studies. The physician reviews patient's medical history to determine if there are any contraindications for MR including pacemakers, implanted devices or retained metallic fragments. If the patient reports a history of having metal (i.e. bullet fragments), the physician may order x-rays to assess the location or presence of any metal. If the patient has implanted devices, the physician will investigate the MRI safety of the device in the MRI scanner and may adjust the protocol so that the device can be safely scanned. The physician reviews laboratory studies to assess renal function and also reviews the medical record for allergy history, absence of contraindications to contrast injection, and factors predisposing the patient to nephrogenic systemic fibrosis. The physician adjusts the contrast product and amount to be injected. The physician discusses the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. The physician supervises the IV placement and communicates the protocol to the technologist.

Description of Intra-Service Work: The physician will determine if there are any areas of interest that will need post-processing for magnified views. The physician then interprets the axial source pre-contrast and post-contrast images, maximum intensity projections (MIP), and reformats evaluating in detail the major vascular structures of the neck for stenosis (based on North American Symptomatic Carotid Endarterectomy Trial [NASCET] criteria) requiring either direct (obtaining measurements of diameters) or indirect comparison of the segment of stenosis with a normal segment distal to area of stenosis. Evaluate for thrombosis, embolus, aneurysms and/or pseudoaneurysms, vascular anomalies, vascular loops, dissections, and external compressions of the major arteries in the neck. Assess right innominate artery, bilateral common carotid, external carotid, internal carotid, and vertebral arteries. Evaluate aortic arch, visualized subclavian arteries, and visualized pulmonary vessels. Assess for arterialization of any jugular veins, innominate veins, and subclavian veins for patency, thrombus, or fistulas. Interpret the axial source images, the multiplanar images, and three-dimensional

reformats. Evaluate visualized brain parenchyma, cervical cord and vertebrae, and visualized lung apices. Evaluate for any abnormal enhancing areas in the visualized brain or soft tissue. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: The physician confirms lack of complication from contrast agent such as allergic reaction or extravasation of contrast. The physician reviews and signs the final report. The findings are then communicated to the referring physician, emergency department, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Gregory Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70549				
Sample Size:	2017	**Resp N:**	37	**Response:** 1.8 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform neuro imaging. The ASNR surveyed a random sample of 1267 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	32.00	**70.00**	150.00	3000.00
Survey RVW:	1.70	1.80	**1.91**	2.30	2.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**20.00**	25.00	40.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70549	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70498	XXX	1.75	**RUC Time**

CPT Descriptor Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72156	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 40.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 70549	Top Key Reference CPT Code: 70498	2nd Key Reference CPT Code: **72156**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	20.00	20.00	25.00
Median Immediate Post-service Time	6.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**31.00**	**30.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.07	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.50
Urgency of medical decision making	-0.07	1.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.73	0.25
Physical effort required	0.60	0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.20	0.63
Outcome depends on the skill and judgment of physician	0.40	0.88
Estimated risk of malpractice suit with poor outcome	0.20	1.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.73	0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 70549 *[Magnetic resonance angiography, neck; without followed by contrast material(s) and further sequences]* was identified on CMS' high expenditure screen as potentially misvalued codes. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70549, as well as the other 2 codes in the family, 70547 *[Magnetic resonance angiography, neck; without contrast material(s)]* and 70548 *[Magnetic resonance angiography, neck; with contrast material(s)]* and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends the 25th percentile survey data for 70547, 70548, and 70549. This represents current value for 70547 and 70549, and an increase in value for 70548.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70547	MRA neck w/o contrast	1.20	5	12	5	22	0.081
70548	MRA neck w/contrast	1.50	5	15	5	25	0.085
70549	MRA neck w/o & w/contrast	1.80	5	20	5	31	0.079

Comparison to other RUC reviewed codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

Code	Descriptor	Work RVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	RUC reviewed
70450	Computed tomography, head or brain; without contrast material	0.85	4	10	5	19	0.065	2012
70460	Computed tomography, head or brain; with contrast material(s)	1.13	5	12	5	22	0.076	2012
70547	**Magnetic resonance angiography, neck; without contrast material(s)**	**1.20**	**5**	**12**	**5**	**22**	**0.081**	**2016**
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	2011
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.48	5	20	5	30	0.063	2013
70548	**Magnetic resonance angiography, neck; with contrast material(s)**	**1.50**	**5**	**15**	**5**	**25**	**0.085**	**2016**
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.75	5	20	5	30	0.076	2014
70549	**Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**	**1.80**	**5**	**20**	**5**	**30**	**0.079**	**2016**
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	2.29	5	25	5	35	0.083	2013

Summary of Recommendation for CPT Code 70549 *[Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences]*

Our expert panel recommends maintaining the current value of 70549 at 1.80 RVU with survey median service period times of 5, 20, and 5 minutes.

Code 70549 *[Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences]* is an invaluable tool in investigating a diverse set of pathologies, which range from minor to life threatening. It is pivotal in investigating transient ischemic attack, stroke, stenosis of vasculature in patients with risk factors, trauma, congenital abnormalities, or anatomy prior to surgeries. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70549 *[Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences]* is a technically challenging examination to interpret. Understanding of MR physics and acquisitions techniques are required to distinguish between pathology and artifact. Synthesis of the information provided on different 3D and 2D images are required to make the correct diagnosis. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70549

Our recommended work RVU of 1.80 is slightly higher than the most commonly chosen key reference service, 70498 *[Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing]*. 70498 has an identical intra-service time, and a slightly lower IWPUT. A larger number of structures are evaluated on CT angiography compared to MR angiography, and therefore it takes more time to interpret the study. However, the interpretation of an MR angiography is more complex due to the high number of artifacts that can be present, and requires more effort than simply evaluating the vessels by contrast on CT. Artifacts that typically appear in the exam, such as in-plane saturation, flow reversal artifact and susceptibility artifacts can mimic pathology. Understanding MR physics and the acquisition techniques of the different sequences are essential to make an accurate diagnosis. Specialized knowledge is required know which sequence will help diagnose a particular pathology or evaluate a vessel at a particular level in the neck. Additionally, more sequences are available to evaluate the vessels, and this requires complex synthesis of multiple data sources.

In the surveyed intensity/complexity measures, 70549 scored similar to 70498 in all categories, likely a reflection of the near identical indications and patient populations for these like studies evaluating vascular structures in the neck. However, the expert panel would like to highlight the long standing view by the specialty societies that the modality of MRI is more technically challenging to interpret, requires more training, and a greater understanding of anatomy and physiology than a corresponding CT of the same body part. The expert panel would have expected MRA of the neck to score higher on intensity and complexity measures than a similar CTA of the neck reflecting the relative rank order differences between CT and MRI noted throughout the fee schedule.

The 0.05 more work RVUs for 70549 compared to 70498 is balanced by the expected higher IWPUT for MRI over CT confirmed by our survey respondents.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70549	**MRA neck w/o & w/contrast**	**1.80**	**5**	**20**	**5**	**30**	**0.079**
70498	CTA neck w/o & w/contrast	1.75	5	20	5	30	0.076

MPC Code for 70549

Our recommendation is compared to the MPC code, 70470 *[Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections],* with 70549 demonstrating 5 minutes more of intra-service/total time and a slightly more than proportional 0.53 work RVU, which can be explained given the previously described technical challenges of interpreting MRI vs. CT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70549	**MRA neck w/o & w/contrast**	**1.80**	**5**	**20**	**5**	**30**	**0.079**
70470	CT head w/o & w/contrast	1.27	5	15	5	25	0.070

Summary:

In summary, our expert panel recommends maintaining the current value of 70549 at 1.80 RVU, with median service period times of 5, 20, and 5 minutes. We believe this compares favorably with the most commonly chosen key reference service, 70498, as well as the MPC code, 70470. Relativity is also appropriate across the 3 codes for MRA of the neck and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 70549

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? 214000
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 70549 provided nationally in a one-year period is estimated to be 214,000.

Specialty Diagnostic Radiology Frequency 200000 Percentage 93.45 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 71,300 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 70549 is billed approximately 71,300 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 66600 Percentage 93.40 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70549

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	70547	**# of Respondents:**	37
Survey Code Descriptor:	Magnetic resonance angiography, neck; without contrast material(s)		

Top Ref Code:	70498	**# of Respondents:**	13	**% of Respondents:**	35.1%
Top Ref Code Descriptor:	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	23%	46%	23%	8%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		0%	92%	8%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		0%	92%	8%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		0%	92%	8%		
Technical Skill:		**Less**	**Identical**	**More**		
		31%	54%	15%		
Physical Effort:		**Less**	**Identical**	**More**		
		38%	38%	23%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		8%	85%	8%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		8%	69%	23%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	77%	23%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	70548	**# of Respondents:**	37
Survey Code Descriptor:	Magnetic resonance angiography, neck; with contrast material(s)		

Top Ref Code:	70498	**# of Respondents:**	20	**% of Respondents:**	54.1%
Top Ref Code Descriptor:	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	60%	35%	5%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	75%	25%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	15%	60%	25%
	Urgency of medical decision making	5%	90%	5%
Technical Skill:		15%	60%	25%
Physical Effort:		5%	60%	35%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	15%	80%	5%
	Outcome depends on the skill and judgment of physician	5%	55%	40%
	Estimated risk of malpractice suite with poor outcome	10%	60%	30%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	70549	**# of Respondents:**	37
Survey Code Descriptor:	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences		

Top Ref Code:	70498	**# of Respondents:**	15	**% of Respondents:**	40.5%
Top Ref Code Descriptor:	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	33%	60%	7%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	7%	93%	0%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	7%	87%	7%
	Urgency of medical decision making	7%	93%	0%
Technical Skill:		0%	40%	60%
Physical Effort:		7%	33%	60%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	80%	20%
	Outcome depends on the skill and judgment of physician	0%	60%	40%
	Estimated risk of malpractice suite with poor outcome	0%	80%	20%

SS Rec Summary

ISSUE: MRA Neck

TAB: 19

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	13	0.076			1.75			30	5					20			5
2nd REF	74150	Computed tomography, abdomen; without contrast material	6	0.084			1.19			20	3					12			5
3rd REF	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	6	0.063			1.48			30	5					20			5
Apr-00	70547	Magnetic resonance angiography, neck; without contrast material(s)		0.086			1.20			25	5					10			10
SVY	70547	Magnetic resonance angiography, neck; without contrast material(s)	37	0.106	0.83	1.20	1.50	1.80	2.40	22	5			3	10	12	15	30	5
REC	70547	Magnetic resonance angiography, neck; without contrast material(s)		0.081			1.20			22	5					12			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	20	0.076			1.75			30	5					20			5
2nd REF	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	4	0.068			1.78			33	5					23			5
Apr-00	70548	Magnetic resonance angiography, neck; with contrast material(s)		0.050			1.20			35	10					15			10
SVY	70548	Magnetic resonance angiography, neck; with contrast material(s)	37	0.102	1.20	1.50	1.75	2.00	2.45	25	5			3	12	15	20	30	5
REC	70548	Magnetic resonance angiography, neck; with contrast material(s)		0.085			1.50			25	5					15			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	15	0.076			1.75			30	5					20			5
2nd REF	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	8	0.083			2.29			35	5					25			5
Apr-00	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences		0.068			1.80			40	10					20			10
SVY	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	37	0.083	1.70	1.80	1.91	2.30	2.60	31	5			3	15	20	25	40	6
REC	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences		0.079			1.80			30	5					20			5

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

19
Tab Number
Issue
Magnetic Resonance Angiography (MRA) Neck
Code Range
(70547-49)

Attestation Statement

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Signature

Greg Nicola, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

7/19/16
Date

19
Tab Number
Issue
Magnetic Resonance Angiography (MRA) Neck
Code Range
(70547-49)

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Signature

Joshua Hirsch, MD
Printed Signature

American Society of Neuroradiology (ASNR)
Specialty Society

7/19/16
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: Oct. 2016

70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR), and American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for the MRA Neck code family, 70547, 70548, and 70549.

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 70547, 70548, and 70549 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** - The specialty is recommending an increase in time since MR involves strong magnetic fields and ensuring patient safety is important. More specifically, all objects in the room must be MRI compatible. MR exams involve the use of MR coils which vary based on the body part studied and are specifically selected to fit the patient. These coils must be prepared for the intended exam, positioned, and attached to the MR unit. In addition, the examinations involving the use of contrast require setup of the injector apparatus and preparation of the contrast material.
- **Prepare and position patient/ monitor patient/ set up IV** – The specialty is recommending an increase in time to allow for positioning the patient to ensure they are comfortable during the lengthy procedure since motion artifact can degrade the quality of the exam. Pillows are typically positioned under the patient's knees to relieve stress off the back during the long image acquisition period. The patient's neck must be properly placed into the coils. If contrast is being administered, any IV lines must be secured to prevent disengagement. The technologist must confirm the patient has no MR incompatible internal devices (such as metal in or on clothing), personal possessions and even superficial tattoos. These may be dangerous or cause artifacts while the patient is in or around the MRI magnet.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS [2017 MPFS Proposed Rule] and the RUC [2017 MPFS Proposed Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard exists for this activity. The specialty does acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS. The specialty believes that MRA neck is at the higher end of complexity for radiology services since MR involves hundreds of images in multiple planes. Interpretation of MRI findings typically requires comparison of multiple sequences. Incomplete, poor quality, or missing sequences can lead to an inconclusive exam. The number of images and importance of QC warrant the four minutes recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Obtain vital signs** – clinically necessary for 70548 and 70549; related to contrast administration.
- **Provide pre-service education/obtain consent –** These times parallel other recent MRI codes, including, MRI brain and MRI face. This time is necessary to educate the patient about the MRI and specific risks, including an extensive evaluation for implanted or external devices, as well as any ferromagnetic objects on or around the patient, including certain types of clothing if they are to be worn in addition to the gown.
- **Gown, patient (SB026) –** clinically necessary supply item
- **Paper, exam table (SB036)** – clinically necessary supply
- **PACS Professional Workstation (ED053) -** in the CY 2016 MPFS Final Rule, CMS acknowledged that the costs of the professional workstation may be analogous to costs previously incorporated as direct PE inputs. In the CY 2017 MPFS Proposed Rule, CMS indicates that they will allow the addition of the professional PACS workstation to 70000 series codes that use the current technical PACS workstation and include professional work for which such a workstation would be used. The ACR, as approved by the RUC at the April 2016 meeting, is recommending that this equipment time equal the sum of the physician work pre-service time and intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire Images
- 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	L	N
1	**Revised at RUC 10/5/16**			EFERENCE COI		FERENCE CO		EFERENCE COD	
2				**70547**	**70547**	**70548**	**70548**	**70549**	**70549**
3	**Meeting Date: October 2016** **Tab: 19 - MRA Neck** **Specialty: ACR, ASNR**	**CMS Code**	**Staff Type**	Magnetic resonance angiography, neck; without contrast	Magnetic resonance angiography, neck; without contrast	Magnetic resonance angiography, neck; with contrast	Magnetic resonance angiography, neck; with contrast	Magnetic resonance angiography, neck; without contrast material(s),	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and
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**			**89.0**	**76.0**	**91.0**	**79.0**	**128.0**	**120.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5.0**	**4.0**	**5.0**	**4.0**	**5.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**74.0**	**72.0**	**76.0**	**75.0**	**113.0**	**116.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L026A**	**Med/Tech Asst**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Availability of prior images confirmed	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5**	**2**	**5**	**2**	**5**	**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**2**		**2**		**2**
19	Other Clinical Activity - *specify:*								
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**3**	**3**	**3**	**3**	**3**	**3**
24	Obtain vital signs	L047A ~~L041A~~	MR Tech ~~Angio Tech~~				**3**		**3**
25	Provide pre-service education/obtain consent	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**7**	**3**	**9**	**3**	**9**
26	Prepare room, equipment, supplies	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5**	**3**	**5**	**5**	**6**	**5**
27	Setup scope (non facility setting only)								
28	Prepare and position patient/ monitor patient/ set up IV	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**5**	**3**	**5**	**5**	**5**	**5**
29	Start angiocath	L047A ~~L041A~~	MR Tech ~~Angio Tech~~			**5**		**5**	
30	Sedate/apply anesthesia								
31	Other Clinical Activity - specify:								
32	**Intra-service**								
33	Acquire images	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**26**	**26**	**20**	**20**	**41**	**41**
34	Computer post-processing	L047A ~~L041A~~	MR Tech ~~Angio Tech~~	**30**	**20**	**30**	**20**	**45**	**40**
35	**Post-Service**								
36	Monitor pt. following moderate sedation								
37	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)								
38	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
39	Clean room/equipment by physician staff	L041A	Angio Tech	**5**	**3**	**5**	**3**	**5**	**3**
40	Clean Scope								
41	Clean Surgical Instrument Package								
42	Complete diagnostic forms, lab & X-ray requisitions								
43	Review/read X-ray, lab, and pathology reports								
44	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
45	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**4**		**4**		**4**
46	Review examination with interpreting MD	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**2**		**2**		**2**
47	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L047A ~~L041A~~	MR Tech ~~Angio Tech~~		**1**		**1**		**1**
48	Other Clinical Activity - specify:								
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								
63	Other Clinical Activity - *specify:Assembly of films/preparation for radiologic interpretation*	L026A	Med/Tech Asst	**10**		**10**		**10**	
64	**End: with last office visit before end of global period**								
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
66	**kit, iv starter**	SA019	kit				**1**		**1**
67	tourniquet (1)								
68	alcohol prep pad (1)								
69	PVP ointment (1)								
70	PVP prep pad (1)								
71	2x2 gauze sponges (2)								
72	1x3 bandage (1)								
73	sm roll surgical tape (1)								
74	pr goves (1)								
75	Chux underpad 2ft x 3ft (1)								
76	**drape, non-sterile, sheet 40in x 60in**	SB006	item				**1**		**1**
77	gown, patient	SB026	item		**1**		**1**		**1**
78	cap-headcover, patient	SB029	item	**1**	**1**	**1**	**1**	**1**	**1**
79	paper, exam table	SB036	foot		**7**		**7**		**7**
80	angiocatheter 14g-24g	SC001	item			**1**	**1**	**1**	**1**
81	heparin lock	SC012	item			**1**	**1**	**1**	**1**
82	iv tubing (extension)	SC019	item			**1**	**1**	**1**	**1**
83	**needle, 18-27g**	SC029	item				**2**		**2**
84	**syringe 20ml**	SC053	item				**2**		**2**
85	syringe 5-6ml	SC057	item			**2**	**2**	**2**	**2**
86	syringe, 25ml (MRI power injector)	SC059	item			**1**	**1**	**1**	**1**
87	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			**1**	**1**	**1**	**1**
88	sodium chloride 0.9% flush syringe	SH065	item			**1**	**1**	**1**	**1**
89	earplugs	SJ018	pair	**1**	**1**	**1**	**1**	**1**	**1**
90	swab-pad, alcohol	SJ053	item			**1**	**0**	**1**	**0**
91	patient education booklet	SK062	item	**1**	**1**	**1**	**1**	**1**	**1**
92	**EQUIPMENT**	**CODE**							
93	intercom (incl. master, pt substation, power, wiri	EQ139		**74**	~~39~~	**76**	~~37~~	**113**	~~58~~
94	PACS Workstation Proxy	ED050		**74**	**72**	**76**	**75**	**113**	**116**
95	room, MR	EL008		**74**	**39**	**76**	**37**	**113**	**58**
96	PACS Professional Workstation	ED053			**17**		**20**		**25**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

MRI Lower Extremity

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 73718 and 73720 were identified as part of this screen.

73718 ***Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)***
The RUC reviewed the survey results from 58 radiologists and recommends 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 survey 25th percentile work RVU of 1.35 and agreed that the current value of 1.35 is appropriate for this service. To justify a work RVU of 1.35, the RUC compared the survey code to 2nd key reference code 70551*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material* (work RVU of 1.48, intra-service time of 18, total time of 28) and noted that with the surveyed code having slightly less time and comparable intensity of work, it would be appropriate to value the service somewhat less than the reference code. To further support a work RVU of 1.35, the RUC compared the survey code to CPT code 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 of 1.34, intra-service time of 15 minutes, total time of 25 minutes) and noted that both services have identical intra-service times and involve similar amount of physician work. **The RUC recommends a work RVU of 1.35 for CPT code 73718.**

73719 ***Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)***
The RUC reviewed the survey results from 58 radiologists and recommends 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 survey 25th percentile work RVU of 1.62 and agreed that the current value of 1.62 is appropriate for this service. To validate a work RVU of 1.62, the RUC compared the survey code to top key reference code 73722 *Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)* (work RVU of 1.62, intra-service time of 20 minutes, total time of 38.5 minutes) and noted that while the reference code has more total time, both services have identical intra-service time and the survey respondents indicated that the survey code is somewhat more intense to perform, justifying similar valuation. To further justify a value of 1.62, the RUC compared the survey code to

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CPTcode 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU of 1.74, intra-service time of 22 minutes and total time of 32 minutes) and noted that both services have a similar intensity of physician work, whereas the survey code has slightly less intra-service and total time, justifying a lower relative valuation for the survey code. **The RUC recommends a work RVU of 1.62 for CPT code 73719.**

73720 ***Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences***
The RUC reviewed the survey results from 58 radiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 24 minutes and post-service time of 5 minutes.

The RUC reviewed the survey 25th percentile work RVU of 2.15 and agreed that the current value of 2.15 is appropriate for this service. To justify a work RVU of 2.15, the RUC compared the survey code to 2nd key reference and MPC code 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU of 2.29, intra-service time of 25 minutes and total time of 35 minutes) and noted that with similar physician times and intensity of physician work, these services should be valued similarly. To further support a value of 2.15, the RUC compared the survey code to 72156 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical* (work RVU of 2.29, intra-service time of 25 minutes and total time of 35 minutes) and noted that with similar physician times and intensity of physician work, these services should also be valued similarly. **The RUC recommends a work RVU of 2.15 for CPT code 73720.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct PE inputs as recommended by the specialty societies and made several modifications to the supplies and reduced the MRI tech's time for quality control of the images in the PACS to 3 minutes. The Subcommittee did have significant discussions around how long the pre-service education and obtain consent should take. Typically MR codes have received 7 minutes in the non-contrast codes and 9 minutes for each contrast code. The Subcommittee discussed that with the profusion of this technology over many years many patients have received multiple scans prior and are familiar with the question and answer process. Furthermore, while it is true that the safety check list must be read through each visit, the list is still standardized and efficiencies have been made in the process. The Subcommittee agreed that the appropriate time should be 5 minutes for non-contrast (73718) and 7 minutes for contrast (73719 and 73720). This issue will be looked at in the future so that a uniform time allocation for pre-service education and obtain consent for MR codes across the family can be established.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	XXX	1.35 (No Change)
73719 (f)	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	XXX	1.62 (No Change)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	XXX	2.15 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 73718 Tracking Number Original Specialty Recommended RVU: **1.35**
Presented Recommended RVU: **1.35**
Global Period: XXX RUC Recommended RVU: **1.35**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 22-year-old male with lower extremity muscle strain is referred for MRI to assess grade of injury.

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? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI. Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning. Review obtained sequences for motion and repeat sequences as needed. Interpret all sequences resulting from the study. Include dedicated review of the target lesion(s) or anatomy as well as all visualized soft tissues, fascial planes, vasculature, and osseous structures. Compare to all pertintent available studies.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Jonathan Flug, MD				
Specialty(s):	American College of Radiology				
CPT Code:	73718				
Sample Size:	1000	**Resp N:**	58	**Response:** 5.8 %	
Description of Sample:	The ACR surveyed a random sample of 500 members and a targeted sample of 500 members (total of 1000).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	40.00	**76.00**	100.00	1000.00
Survey RVW:	1.08	1.35	**1.40**	1.50	2.30
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	10.00	**15.00**	19.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73718	**Recommended Physician Work RVU: 1.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73721	XXX	1.35	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70551	XXX	1.48	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
70470	XXX	1.27	**RUC Time**	126,511

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73721	XXX	1.35	**RUC Time**	621,220

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
99283	XXX	1.34	**RUC Time**

CPT Descriptor Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (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:** 62.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 10.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 73718	Top Key Reference CPT Code: 73721	2nd Key Reference CPT Code: **70551**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	15.00	20.00	18.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**30.00**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	-0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.33
Urgency of medical decision making	0.17	-0.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.19	-0.17
Physical effort required	0.03	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.22	-0.33
Outcome depends on the skill and judgment of physician	0.25	-0.50
Estimated risk of malpractice suit with poor outcome	0.22	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.22	-0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
CPT Code 73718 *(MRI lower extremity other than joint; without contrast material)* was identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen.

Survey Process:
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.35 which is the same as the 25th 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): 73721 *(MRI any joint of lower extremity; without contrast material)* chosen by 62% of respondents and 70551 *(MRI brain (including brain stem); without contrast material*) chosen by 10% of respondents.

Our recommendation for 73718 has the same wRVU as 73721. While there is a slightly lower intra-service time in the non-joint code (73718) due to the differences in search patterns between the two studies, this is accounted for by the higher intensity of the non-joint code, which is most commonly performed to evaluate malignancy or soft tissue infections. The recommended work RVU for 73718 is lower than 70551, which is appropriately accounted for by the lower intra-service time compared to 70551.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73718	**MRI lower extremity other than joint; without contrast material**	**1.35**	**25**	**5**	**15**	**5**	**0.075**
73721	MRI any joint of lower extremity; without contrast material	1.35	30	5	20	5	0.056
70551	MRI brain (including brain stem); without contrast material	1.48	28	5	18	5	0.070

MPC Codes:
The surveyed code is bracketed by three MPC codes:

70470 *(Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections);*
73721 *(Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material),* which is also the first KRS; and,
99283 *(Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity).*

The surveyed code has the same service period times as 74070, but is appropriately valued slightly higher because of the complexity of patients and number of images involved with this service. CPT codes 73721 and 99283 have slightly higher intra-service time periods with similar work RVU values. We believe this appropriately reflects the intensity differences between these services as reflected by the patient populations and diagnosis codes related to these services. For example, the surveyed code is most commonly performed for patients with malignancy or complicated soft tissue infections.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	1.27	25	5	15	5	0.070
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components; problem(s) are of moderate severity.	1.34	30	5	18	7	0.060
73718	**MRI lower extremity other than joint; without contrast material**	**1.35**	**25**	**5**	**15**	**5**	**0.075**
73721	MRI any joint of lower extremity; without contrast material	1.35	30	5	20	5	0.056

Family of Codes:
Our recommendation for the 25th percentile for 73718 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 family of lower extremity MRI codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73718	**MRI lower extremity other than joint; without contrast material**	**1.35**	**25**	**5**	**15**	**5**	**0.075**
73719	MRI lower extremity other than joint; with contrast material	1.62	30	5	20	5	0.070
73720	MRI lower extremity other than joint; without contrast material, followed by contrast material and further sequences	2.15	34	5	24	5	0.080

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) 73718

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? 365406
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 73718 provided nationally in a one-year period is estimated to be 365,406.

Specialty Diagnostic Radiology Frequency 315203 Percentage 86.26 %

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? 121,802 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 73718 is billed approximately 121,802 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 105068 Percentage 86.26 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 73718

If this code is a new/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: 73719 Tracking Number Original Specialty Recommended RVU: **1.62**
Presented Recommended RVU: **1.62**
Global Period: XXX RUC Recommended RVU: **1.62**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old male with a soft tissue mass in the mid-thigh had an unenhanced MRI at another facility. He is being considered for surgical resection and is referred for enhanced MRI to assess vascularity and extent of mass.

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? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving IV contrast. Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning. Supervise selection of the Gadolinium contrast agent, dose, and subsequent injection. Review obtained sequences for motion and repeat sequences as needed. Interpret all sequences resulting from the study. Include dedicated review of the target lesion(s) or anatomy as well as all visualized soft tissues, fascial planes, vasculature, and osseous structures. Compare to all pertinent available prior studies.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Jonathan Flug, MD				
Specialty(s):	American College of Radiology				
CPT Code:	73719				
Sample Size:	1000	**Resp N:**	58	**Response:** 5.8 %	
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform MRI procedures).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**11.00**	25.00	1000.00
Survey RVW:	1.09	1.62	**1.74**	2.00	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**20.00**	24.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73719	**Recommended Physician Work RVU: 1.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73722	XXX	1.62	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73723	XXX	2.15	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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**	10,894,072

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
93351	XXX	1.75	**RUC Time**	255,957

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
74176	XXX	1.74	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; 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: 34 **% of respondents:** 58.6 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 73719	Top Key Reference CPT Code: 73722	2nd Key Reference CPT Code: **73723**
Median Pre-Service Time	5.00	8.50	10.00
Median Intra-Service Time	20.00	20.00	26.50
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**38.50**	**46.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.44	0.63
Urgency of medical decision making	0.35	0.13

Technical Skill/Physical Effort (Mean)

Technical skill required	0.32	0.38
Physical effort required	0.26	0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.47	0.38
Outcome depends on the skill and judgment of physician	0.38	0.75
Estimated risk of malpractice suit with poor outcome	0.56	0.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.56	0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
CPT Code 73719 *(MRI lower extremity other than joint; with contrast material)* was identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen.

Survey Process:
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.62 which is the same as the 25th percentile survey value.

Time Recommendation:
We recommend the median survey times of 5 minutes pre-service, 20 minutes intra-service, and 5 minutes post-service.

The decrease in total time from 40 minutes to 30 minutes is accounted for by the decrease in pre-service and post-service time from 10 minutes to 5 minutes each. These times are consistent with other recently surveyed MRI codes. Additionally, we believe the relatively less intense work from the pre- and post-service periods is balanced out by the increased intra-service intensity from improved technology (i.e. higher resolution) and increased number of images in the typical study compared to the last survey period.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73722 *(MRI any joint of lower extremity; with contrast material)* chosen by 58.6% of respondents and 73723 *(MRI any joint of lower extremity; without contrast material, followed by contrast material and further sequences)* chosen by 13.7% of respondents.

Our recommendation for 73719 has the same work RVU as 73722, which is the examination considered most similar to 73719. The difference between these two codes is only in the pre- and post-service times. Our recommendation for 73719 has a lower wRVU compared to the 73723, which is appropriately accounted for by the comparably lower service period times.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73719	**MRI lower extremity other than joint; with contrast material**	**1.62**	**30**	**5**	**20**	**5**	**0.070**
73722	MRI any joint of lower extremity; with contrast material	1.62	38.5	8.5	20	10	0.060
73723	MRI any joint of lower extremity; without contrast material, followed by contrast material and further sequences	2.15	46.5	10	26.5	10	0.064

MPC Codes:

The surveyed code is bracketed by three MPC codes:

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)*;
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);* and,
74176 *(Computed tomography, abdomen and pelvis; without contrast material).*

The surveyed code has the nearly the same pre and intra service period times as both 99203 and 93351, but is appropriately valued between the two codes given the intensity differences between these services. CPT code 74176 has a slightly higher intra-service time with appropriately higher work RVU value compared with the surveyed code, 73719. We believe the triangulation between these MPC codes and the surveyed code justifies the recommended value and appropriately positions 73719 within the larger relative value scale.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: decision making of low complexity.	1.42	29	4	20	5	0.061
73719	**MRI lower extremity other than joint; with contrast material**	**1.62**	**30**	**5**	**20**	**5**	**0.070**
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069
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	1.75	35	5	20	10	0.071

Family of Codes:

Our recommendation for the 25th percentile for 73719 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 family of lower extremity MRI codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73718	MRI lower extremity other than joint; without contrast material	1.35	25	5	15	5	0.075
73719	**MRI lower extremity other than joint; with contrast material**	**1.62**	**30**	**5**	**20**	**5**	**0.070**
73720	MRI lower extremity other than joint; without contrast material, followed by contrast material	2.15	34	5	24	5	0.080

	and further sequences						

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) 73719

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? 4818
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 73719 provided nationally in a one-year period is estimated to be 4,818.

Specialty Diagnostic Radiology Frequency 4620 Percentage 95.89 %

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? 1,606
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 73719 is billed approximately 1,606 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1540 Percentage 95.89 %

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:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 73719

If this code is a new/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: 73720 Tracking Number Original Specialty Recommended RVU: **2.15**
Presented Recommended RVU: **2.15**
Global Period: XXX RUC Recommended RVU: **2.15**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old male with a soft tissue mass in the mid-thigh is being considered for surgical resection. He is referred for MRI for pre-surgical 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? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving IV contrast. Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning. Review obtained non-contrast sequences for motion and repeat sequences as needed. Supervise selection of the Gadolinium contrast agent, dose, and subsequent injection. Review obtained sequences for motion and repeat post-contrast sequences as needed. Interpret all sequences resulting from the study. Include dedicated review of the target lesion(s) or anatomy as well as all visualized soft tissues, fascial planes, vasculature, and osseous structures. Compare to all pertinent available prior studies.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Jonathan Flug, MD		
Specialty(s):	American College of Radiology		
CPT Code:	73720		
Sample Size:	1000	**Resp N:** 58	**Response:** 5.8 %
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform MRI procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**71.00**	100.00	500.00
Survey RVW:	1.12	2.15	**2.25**	2.39	2.75
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	16.00	**24.00**	26.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73720	**Recommended Physician Work RVU: 2.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**24.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73723	XXX	2.15	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72158	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,252,320

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	548,773

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

Other Reference CPT Code	Global	Work RVU	Time Source
99204	XXX	2.43	**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 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.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (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:** 62.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 73720	Top Key Reference CPT Code: 73723	2nd Key Reference CPT Code: **72158**
Median Pre-Service Time	5.00	10.00	5.00
Median Intra-Service Time	24.00	26.50	25.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**34.00**	**46.50**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.61	0.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.71

Urgency of medical decision making	0.50	0.14

Technical Skill/Physical Effort (Mean)

Technical skill required	0.22	0.71
Physical effort required	0.50	0.57

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.53	0.43
Outcome depends on the skill and judgment of physician	0.36	0.71
Estimated risk of malpractice suit with poor outcome	0.67	0.57

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.58	0.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
CPT Code 73720 *(MRI lower extremity other than joint; without contrast material, followed by contrast material and further sequences)* was identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen.

Survey Process:
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 2.15 which is the same as the 25th percentile survey value.

Time Recommendation:
We recommend the median survey times of 5 minutes pre-service, 24 minutes intra-service, and 5 minutes post-service.

The decrease in total time from 45 minutes to 34 minutes can be predominately explained by 5 minute decreases in the pre- and post-service time periods, while there has been only a 1 minute decrease in the intra-service time. These times are consistent with other recently surveyed MRI codes. Additionally, we believe the relatively less intense work from the pre- and post-service periods is balanced out by the increased intra-service intensity from improved technology (i.e. higher resolution, additional MRI sequences) and increased number of images in the typical study compared to the last survey period.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73723 *(MRI any joint of lower extremity; without contrast material, followed by contrast material and further sequences)* chosen by 62% of respondents, and 72158 *(MRI spinal canal and contents, without contrast material, followed by contrast material and further sequences; lumbar)* chosen by 12% of respondents.

We recommend the same work RVU as 73723, which is the examination considered most similar to 73719. While there is a slightly lower intra-service time in the non-joint code (73720) due to the differences in search patterns between the two studies, this is accounted for by the higher intensity of the non-joint code, which is most commonly performed to evaluate malignancy or complicated infections. Compared to the surveyed code 72158 has an appropriately higher work RVU given its slightly longer intra-service time.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73720	**MRI lower extremity other than joint; without contrast material; followed by contrast material and further sequences**	**2.15**	**34**	**5**	**24**	**5**	**0.080**
73723	MRI any joint of lower extremity; without contrast materials, followed by contrast materials and further sequences	2.15	46.5	10	26.5	10	0.064
72158	MRI spinal canal and contents, without contrast material, followed by contrast materials and further sequences; lumbar	2.29	35	5	25	5	0.083

MPC Codes:
The surveyed code is bracketed by three MPC codes:

92004 *(Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits)*;
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)*; and,
99204 *(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).*

We believe the triangulation between these MPC codes and the surveyed code justifies the recommended value and appropriately positions 73720 within the larger relative value scale. Specifically, the recommend value of 73720 is appropriately less than 99204 given the lower intra-service time (i.e. 24 minutes vs. 30 minutes). Even though the intra-service time for 73720 is lower than 74178, the recommended RVU is higher because of the clinical differences between the patient populations undergoing these services, where the patients undergoing 73720 are more commonly in a hospital setting and being evaluated for complicated infection or malignancy.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	1.82	40	5	25	10	0.059
74178	Computed tomography, abdomen and pelvis; without contrast material, followed by contrast material(s) and further sections	2.01	40	5	30	5	0.060
73720	**MRI lower extremity other than joint; without contrast material, followed by contrast material and additional sequences**	**2.15**	**34**	**5**	**24**	**5**	**0.080**
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: decision making of moderate severity.	2.43	45	5	30	10	0.070

Family of Codes:
Our recommendation for the 25th percentile for 73720 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 family of lower extremity MRI codes.

CPT	Descriptor	wRVU	Total	Pre	Intra	Post	IWPUT

			Time				
73718	MRI lower extremity other than joint; without contrast material	1.35	25	5	15	5	0.075
73719	MRI lower extremity other than joint; with contrast material	1.62	30	5	20	5	0.070
73720	**MRI lower extremity other than joint; without contrast material, followed by contrast material and further sequences**	**2.15**	**34**	**5**	**24**	**5**	**0.080**

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) 73720

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? 163845
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 73720 provided nationally in a one-year period is estimated to be 163,845

Specialty Diagnostic Radiology Frequency 154384 Percentage 94.22 %

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? 54,615 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 73720 is billed approximately 54,615 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 51461 Percentage 94.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 73720

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	73718	**# of Respondents:**	58
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		

Top Ref Code:	73721	**# of Respondents:**	36	**% of Respondents:**	62.1%
Top Ref Code Descriptor:	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	14%	50%	36%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		17%	33%	50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		3%	53%	44%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		6%	72%	22%		
Technical Skill:		**Less**	**Identical**	**More**		
		6%	69%	25%		
Physical Effort:		**Less**	**Identical**	**More**		
		17%	64%	19%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		6%	67%	28%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		3%	69%	28%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		14%	53%	33%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	73719	**# of Respondents:**	58
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		

Top Ref Code:	73722	**# of Respondents:**	34	**% of Respondents:**	58.6%
Top Ref Code Descriptor:	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	9%	38%	41%	12%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		9%	38%	53%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		9%	47%	44%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		6%	62%	32%		
Technical Skill:		**Less**	**Identical**	**More**		
		9%	59%	32%		
Physical Effort:		**Less**	**Identical**	**More**		
		12%	62%	26%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		3%	53%	44%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		9%	56%	35%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		6%	44%	50%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	73720	**# of Respondents:**	58
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		

Top Ref Code:	73723	**# of Respondents:**	36	**% of Respondents:**	62.1%
Top Ref Code Descriptor:	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	8%	42%	33%	17%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		8%	33%	58%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		11%	39%	50%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		6%	53%	42%		
Technical Skill:		**Less**	**Identical**	**More**		
		17%	56%	28%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	58%	42%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		3%	50%	47%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		14%	50%	36%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		8%	33%	58%		

SS Rec Summary

ISSUE: MRI of Lower Extremities

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	36	0.056			1.35			30	5					20			5
2nd REF	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	6	0.070			1.48			28	5					18			5
Apr-01	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		0.068			1.35			20						20			
SVY	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	58	0.078	1.08	1.35	1.40	1.50	2.30	25	5			7	10	15	19	45	5
REC	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)		0.075			1.35			25	5					15			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	34	0.060			1.62			38.5	8.5					20			10
2nd REF	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	8	0.064			2.15			46.5	10					26.5			10
Apr-01	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		0.059			1.62			40	10					20			10
SVY	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	58	0.076	1.09	1.62	1.74	2.00	2.50	30	5			7	15	20	24	60	5
REC	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)		0.070			1.62			30	5					20			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	36	0.064			2.15			46.5	10					26.5			10
2nd REF	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences: lumbar	7	0.083			2.29			35	5					25			5
Apr-01	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		0.068			2.15			45	10					25			10
SVY	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	58	0.084	1.12	2.15	2.25	2.39	2.75	34	5			8	16	24	26	60	5
REC	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		0.080			2.15			34	5					24			5

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: Oct. 2016

73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences

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 MRI Lower Extremities code family 73718, 73719, 73720.

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 73718, 73719, and 73720 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-** The specialty is recommending an increase in time since MR involves strong magnetic fields and ensuring patient safety is important. More specifically, all objects in the room must be MRI compatible. MR exams involve the use of MR coils which vary based on the body part studied and are specifically selected to fit the patient. These coils must be prepared for the intended exam, positioned, and attached to the MR unit. In addition, the examinations involving the use of contrast require setup of the injector apparatus and preparation of the contrast material.
- **Prepare and position patient/ monitor patient/ set up IV-** The specialty is recommending an increase in time to allow for positioning the patient to ensure they are comfortable during the lengthy procedure since motion artifact can degrade the quality of the exam. Pillows are typically positioned under the patient's knees to relieve stress off the back during the long image acquisition period. The lower extremities of the patient must be properly placed into the coils. If contrast is being administered, any IV lines must be secured to prevent disengagement. The technologist must confirm the patient has no MR incompatible internal devices (such as metal in or on clothing), personal possessions and even superficial tattoos. These may be dangerous or cause artifacts while the patient is in or around the MRI magnet.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page-** CMS [2017 MPFS Proposed Rule] and the RUC [2017 MPFS Proposed Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard exists for this activity. The specialty does acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS. The specialty believes that MR is at the higher end of complexity for radiology services since MR involves hundreds of images in multiple planes. Interpretation of MRI findings typically requires comparison of multiple sequences. Incomplete, poor quality, or missing sequences can lead to an inconclusive exam. The number of images and importance of QC warrant the four minutes recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Obtain vital signs -** clinically necessary for 73719 and 73720; related to contrast administration.
- **Gown, patient (SB026)** – clinically necessary supply item for 73718.
- **Paper, exam table (SB036)** – clinically necessary supply item for 73718.
- **Professional PACS Workstation (ED053)** – In the CY 2016 MPFS Final Rule, CMS acknowledged that the costs of the professional workstation may be analogous to costs previously incorporated as direct PE inputs. In the CY 2017 MPFS Proposed Rule, CMS indicates that they will allow the addition of the professional PACS workstation to 70000 series codes that use the current technical PACS workstation and include professional work for which such a workstation would be used. The ACR, as approved by the RUC at the April 2016 meeting, is recommending that this equipment time equal the sum of the physician work pre-service time and intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- 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
1				EFERENCE COD		EFERENCE COD		REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** **REVISED AT RUC 10/5/16**			**73718**	**73718**	**73719**	**73719**	**73720**	**73720**
3	**Meeting Date: October 2016** **Tab: 20 - MRI Lower Extremities** **Specialty: ACR**	**CMS Code**	**Staff Type**	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
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**	**L047A**	MRI Tech	**76.0**	**59.0**	**78.0**	**66.0**	**95.0**	**81.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047A**	MRI Tech	**8.0**	**4.0**	**8.0**	**4.0**	**8.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047A**	MRI Tech	**68.0**	**55.0**	**70.0**	**62.0**	**87.0**	**77.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Availability of prior images confirmed	L047A	MRI Tech		**2**		**2**		**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L047A	MRI Tech		**2**		**2**		**2**
19	Other Clinical Activity - *specify:* *Retrieve prior appropriate imaging exams and hang for MD review. Verify orders, review the chart, verify physician order including clinical information.*	L047A	MRI Tech	**8**		**8**		**8**	
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L047A	MRI Tech	**3**	**3**	**3**	**3**	**3**	**3**
24	Obtain vital signs	L047A	MRI Tech				**3**		**3**
25	Provide pre-service education/obtain consent	L047A	MRI Tech	**7**	**5**	**9**	**5**	**9**	**5**
26	Prepare room, equipment, supplies	L047A	MRI Tech	**5**	**5**	**7**	**7**	**7**	**7**
27	Setup scope (non facility setting only)								
28	Prepare and position patient/ monitor patient/ set up IV	L047A	MRI Tech	**3**	**3**	**5**	**5**	**5**	**5**
29	Sedate/apply anesthesia								
30	Other Clinical Activity - specify:								
31	**Intra-service**								
32	Acquire images	L047A	MRI Tech	**30**	**30**	**30**	**30**	**45**	**45**
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	L047A	MRI Tech	**3**	**3**	**3**	**3**	**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	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Tech		**3**		**3**		**3**
44	Review examination with interpreting MD	L047A	MRI 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	L047A	MRI Tech		**1**		**1**		**1**
46	*Escort patient from exam room due to magnetic sensitivity*	L047A	MRI Tech	**2**		**2**		**2**	
47	*Photography/image processing/film hanging with comparisons*	L047A	MRI Tech	**15**		**11**		**13**	
48	Other Clinical Activity - *specify:*								
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**								

	A	B	C	D	F	H	J	L	N
1				EFERENCE COD		EFERENCE COD		REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** **REVISED AT RUC 10/5/16**			**73718**	**73718**	**73719**	**73719**	**73720**	**73720**
3	**Meeting Date: October 2016** **Tab: 20 - MRI Lower Extremities** **Specialty: ACR**	**CMS Code**	**Staff Type**	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
66	kit, iv starter	SA019	kit			**1**	**1**	**1**	**1**
67	tourniquet (1)								
68	alcohol prep pad (1)								
69	PVP ointment (1)								
70	PVP prep pad (1)								
71	2x2 gauze sponges (2)								
72	1x3 bandage (1)								
73	sm roll surgical tape (1)								
74	pr gloves (1)								
75	Chux underpad 2ft x 3ft (1)								
76	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**	**1**	**1**	**1**
77	gloves, non-sterile	SB022	pair			**1**		**1**	
78	gown, patient	SB026	item		**1**	**1**	**1**	**1**	**1**
79	paper, exam table	SB036	foot		**7**	**7**	**7**	**7**	**7**
80	angiocatheter 14g-24g	SC001	item			**1**	**1**	**1**	**1**
81	heparin lock	SC012	item			**1**	**1**	**1**	**1**
82	iv tubing (extension)	SC019	foot			**1**	**1**	**1**	**1**
83	needle, 18-27g	SC029	item			**1**	**2**	**1**	**2**
84	syringe 20ml	SC053	item			**1**	**1**	**1**	**2**
85	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			**1**		**1**	
86	gauze, sterile 2in x 2in	SG053	item			**1**		**1**	
87	tape, surgical paper 1in (Micropore)	SG079	inch			**6**		**6**	
88	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	ml			**1**	**1**	**1**	**1**
89	earplugs	SJ018	item	**1**	**1**	**1**	**1**	**1**	**1**
90	povidone swabsticks (3 pack uou)	SJ043	item			**1**		**1**	
91	swab-pad, alcohol	SJ053	item			**1**		**1**	
92	**EQUIPMENT**	**CODE**							
93	PACS Workstation Proxy	ED050		**68**	**55**	**70**	**62**	**87**	**77**
94	room, MR	EL008		**68**	**44**	**70**	**48**	**87**	**63**
95	Professional PACS Workstation	ED053			**20**		**25**		**29**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

MRI of Abdomen and Pelvis

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 74182 and 72196 were identified as part of this screen.

74181 ***Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)***
The RUC reviewed the survey results from 50 radiologists and recommends 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 survey respondents' estimated physician work and agreed with the specialty that maintaining the current work RVU of 1.46 is supported. To justify a work RVU of 1.46, the RUC compared the survey code to top key reference code 70551 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material* (work RVU of 1.48, intra-service time of 18 minutes, total time of 28 minutes) and noted that with the survey code having more intra-service and total time and the survey respondents indicating that both services have similar work intensities, a value of 1.46 is supported for the survey code. The RUC also compared the survey code to CPT code 72141 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material*(work RVU of 1.48, intra-service time of 20 minutes, total time of 30 minutes) and noted that both services have identical times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.46 for CPT code 74181.**

74182 ***Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)***
The RUC reviewed the survey results from 50 radiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 25 minutes and post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated physician work and agreed with the specialty that maintaining the current work RVU of 1.73 is supported. To justify a work RVU of 1.73, the RUC compared the survey code to top key reference code 74177 *Computed tomography, abdomen and pelvis; with contrast material(s)* (work RVU of 1.82, intra-service time of 25 minutes, total time of 35 minutes) and noted that both services have identical times and 57 percent of survey respondents indicated the survey code is a somewhat more intense and complex service

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relative to 74177. To further support a work RVU of 1.73, the RUC compared the survey code to 2nd key reference code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU of 1.74, intra-service time of 22 minutes, total time of 32 minutes) and observed that the survey code has somewhat more intra-service and total time. **The RUC recommends a work RVU of 1.73 for CPT code 74182.**

74183 ***Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences***
The RUC reviewed the survey results from 50 radiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 30 minutes and post-service time of 5 minutes.

The RUC reviewed the survey 25th percentile work RVU of 2.20 and agreed that this value, which is somewhat lower than current, correctly captures the amount of physician work involved in performing this service. To justify a work RVU of 2.20, the RUC compared the survey code to MPC code 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU of 2.29, intra-service time of 25 minutes, total time of 35 minutes) and noted that the survey code involves both 5 minutes more of intra-service time and total time. The RUC also compared the survey code to 74174 *Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU of 2.20 and noted that both services have identical times and involve a similar amount of physician work. **The RUC recommends a work RVU of 2.20 for CPT code 74183.**

72195 ***Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)***
The RUC reviewed the survey results from 50 radiologists and recommends 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 survey respondents estimated physician work and agreed with the specialty that maintaining the current work RVU of 1.46 is supported. To justify a work RVU of 1.46, the RUC compared the survey code to top key reference code 70551 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material* (work RVU of 1.48, intra-service time of 18 minutes, total time of 28 minutes) and noted that with the survey code having more intra-service and total time and the survey respondents indicating that both services have similar work intensities, a value of 1.46 is supported for the survey code. The RUC also compared the survey code to CPT code 72141 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material*(work RVU of 1.48, intra-service time of 20 minutes, total time of 30 minutes) and noted that both services have identical times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.46 for CPT code 72195.**

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72196 ***Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)***
The RUC reviewed the survey results from 50 radiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 25 minutes and post-service time of 5 minutes.

The RUC reviewed the survey respondents estimated physician work and agreed with the specialty that maintaining the current work RVU of 1.73 is supported. To justify a work RVU of 1.73, the RUC compared the survey code to top key reference code 74177 *Computed tomography, abdomen and pelvis; with contrast material(s)* (work RVU of 1.82, intra-service time of 25 minutes, total time of 35 minutes) and noted that both services have identical times and 57 percent of survey respondents indicated the survey code is a somewhat more intense and complex service relative to 74177. To further support a work RVU of 1.73, the RUC compared the survey code to 2nd key reference code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU of 1.74, intra-service time of 22 minutes, total time of 32 minutes) and observed that the survey code has somewhat more intra-service and total time. **The RUC recommends a work RVU of 1.73 for CPT code 72196.**

72197 ***Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences***
The RUC reviewed the survey results from 50 radiologists and recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 27 minutes and post-service time of 5 minutes.

The RUC reviewed the survey 25th percentile work RVU of 2.20 and agreed that this value, which is somewhat lower than current, correctly captures the amount of physician work involved in performing this service. To justify a work RVU of 2.20, the RUC compared the surveyed code to MPC code 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU of 2.29, intra-service time of 25 minutes, total time of 35 minutes) and noted that the survey code involves somewhat more intra-service and total time. The RUC also compared the survey code to 74174 *Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU of 2.20 and noted that both services have similar times and involve a similar amount of physician work. **The RUC recommends a work RVU of 2.20 for CPT code 72197.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct PE inputs as recommended by the specialty societies and made several modifications to the supplies and reduced the MRI tech's time for quality control of the images in the PACS to 3 minutes. The Subcommittee did have significant discussions around how long the pre-service education and obtain consent should take. Typically MR codes have received 7 minutes in the non-contrast codes and 9 minutes for each contrast code. The Subcommittee discussed that with the profusion of this technology over many years many patients have received multiple scans prior and are familiar with the question and answer process. Furthermore, while it is true that the safety check list must be read through each visit, the list is still standardized and efficiencies have been made in the process. The Subcommittee agreed that the appropriate time should be 5 minutes for non-contrast (74181 and 72195) and 7 minutes for contrast (74182, 74183, 72196 and 72197).

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This issue will be looked at in the future so that a uniform time allocation for pre-service education and obtain consent for MR codes across the family can be established.

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
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	XXX	1.46 (No Change)
74182 (f)	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	XXX	1.73 (No Change)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	XXX	2.20
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	XXX	1.46 (No Change)
72196 (f)	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	XXX	1.73 (No Change)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	XXX	2.20

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 74181 Tracking Number Original Specialty Recommended RVU: **1.46**
Presented Recommended RVU: **1.46**
Global Period: XXX RUC Recommended RVU: **1.46**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old female presents with an indeterminate renal lesion and chronic renal insufficiency. An abdominal MRI without contrast is performed to better characterize this lesion.

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? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI. Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning.
Review obtained sequences for motion or other artifacts, and repeat sequences as needed.
Interpret all sequences resulting from the study. Include dedicated review of the target organ(s) as well as all visualized abdominal viscera, fascial planes, vasculature, soft tissues, and osseous structures.
Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Jonathan Flug, MD; Daniel Wessell, MD				
Specialty(s):	American College of Radiology				
CPT Code:	74181				
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %	
Description of Sample:	The ACR surveyed a random sample of 500 members and an additional random sample of 500 members who perform abdominal imaging, for a total of 1000.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	44.00	**61.00**	100.00	400.00
Survey RVW:	1.13	1.50	**1.65**	2.00	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**20.00**	21.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74181	**Recommended Physician Work RVU: 1.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70551	XXX	1.48	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	10,894,072

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**	2,160,758

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 36.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74181	Top Key Reference CPT Code: 70551	2nd Key Reference CPT Code: **74176**
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
Median Total Time	**30.00**	**28.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.78	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.28	0.29
Urgency of medical decision making	-0.11	0.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.22	0.71
Physical effort required	0.22	0.29

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	0.14
Outcome depends on the skill and judgment of physician	0.06	0.57
Estimated risk of malpractice suit with poor outcome	-0.11	0.14

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.22	0.57

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 Codes 74181 and 74183 (abdominal MRI codes) and Codes 72195 and 72197 (pelvic MRI codes) were identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen. We expanded the family to include codes 74182 and 72196 (the with contrast abdominal and pelvic MRI codes, respectively), and surveyed the entire family with a single array survey instrument.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.46, which is below the 25th percentile survey value of 1.50.

Time Recommendations:
We recommend the median survey times of 5 minutes pre-service, 20 minutes intra-service, and 5 minutes post-service, which are the same as the current times.

Key Reference Services:
Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): **70551** *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material)* chosen by 36% of respondents, and **74176** *(Computed tomography, abdomen and pelvis; without contrast material)* chosen by 14% of respondents.

Our recommendation for 74181 has a slightly lower work RVU compared to the two KRS codes, which have slightly shorter and longer intra-service times, respectively compared to the surveyed code (see Table below). The surveyed code was judged to be of similar intensity and complexity compared with the KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74181	**Magnetic resonance imaging, abdomen; without contrast**	**1.46**	**30**	**5**	**20**	**5**	**0.062**
70551	Magnetic resonance (eg, proton) imaging, brain (including brain	1.48	28	5	18	5	0.070

	stem); without contrast material						
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069

MPC Codes:
The surveyed code is bracketed by two MPC codes:

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)*, and
74176 *(Computed tomography, abdomen and pelvis; without contrast material)*, which is also the second KRS code.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: decision making of low complexity.	1.42	29	4	20	5	0.061
74181	**Magnetic resonance imaging, abdomen; without contrast**	**1.46**	**30**	**5**	**20**	**5**	**0.062**
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069

Summary:
Our recommendation to maintain the current value of 1.46 RVU for 74181 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72195	Magnetic resonance imaging, pelvis; without contrast	1.46	30	5	20	5	0.062
74181	**Magnetic resonance imaging, abdomen; without contrast**	**1.46**	**30**	**5**	**20**	**5**	**0.062**
72196	Magnetic resonance imaging, pelvis; with contrast	1.73	35	5	25	5	0.060
74182	Magnetic resonance imaging, abdomen; with contrast	1.73	35	5	25	5	0.060
72197	Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences	2.20	37	5	27	5	0.073
74183	Magnetic resonance imaging, abdomen; without contrast, followed by contrast, and further sequences	2.20	40	5	30	5	0.066

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) 74181

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? 320178
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 74181 provided nationally in a one-year period is estimated to be 320,178.

Specialty Diagnostic Radiology Frequency 304537 Percentage 95.11 %

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? 106,726 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 74181 is billed approximately 106,726 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 101512 Percentage 95.11 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 74181

If this code is a new/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:74182 Tracking Number Original Specialty Recommended RVU: **1.73**
Presented Recommended RVU: **1.73**
Global Period: XXX RUC Recommended RVU: **1.73**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female with a hepatic mass is referred for MRI of the abdomen. The patient has a known hepatic mass and brings with her an unenhanced scan.

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? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI.
Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving IV contrast.
Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning.
Supervise selection of the Gadolinium contrast agent, dose, and subsequent injection.
Review obtained sequences for motion or other artifacts, and repeat sequences as needed.
Interpret all sequences resulting from the study. Include dedicated review of the target organ(s) as well as all visualized abdominal viscera, fascial planes, vasculature, soft tissues, and osseous structures.
Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Kurt Schoppe, MD; Jonathan Flug, MD; Daniel Wessell, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74182		
Sample Size:	1000	**Resp N:** 50	**Response:** 5.0 %
Description of Sample:	The ACR surveyed a random sample of 500 members and an additional random sample of 500 members who perform abdominal imaging, for a total of 1000.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**11.00**	50.00	400.00
Survey RVW:	1.20	1.80	**1.90**	2.10	2.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**25.00**	27.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74182	**Recommended Physician Work RVU: 1.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74177	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99335	XXX	1.72	**RUC Time**	993,166

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,160,758

CPT Descriptor 2 2,160,758

Other Reference CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 14.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74182	**Top Key Reference CPT Code:** 74177	**2nd Key Reference CPT Code:** **74176**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	25.00	25.00	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
Median Total Time	**35.00**	**35.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.00	0.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.43	-0.14
Urgency of medical decision making	-0.29	0.57
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.57	-0.14

Physical effort required	0.29	0.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.14	0.43
Outcome depends on the skill and judgment of physician	0.71	-0.14
Estimated risk of malpractice suit with poor outcome	0.43	0.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.43	0.57

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 Codes 74181 and 74183 (abdominal MRI codes) and Codes 72195 and 72197 (pelvic MRI codes) were identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen. We expanded the family to include codes 74182 and 72196 (the with contrast abdominal and pelvic MRI codes, respectively), and surveyed the entire family with a single array survey instrument.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.73, which is below the 25th percentile survey value of 1.80.

Time Recommendations:
We recommend the median survey times of 5 minutes pre-service, 25 minutes intra-service, and 5 minutes post-service.

The total time has decreased from 45 minutes to 35 minutes; however, survey respondents indicated that this service now requires 5 more minutes of intra-service time (from 20 to 25 minutes), while indicating only 5 minutes each for the pre- and post-services period, which is comparable to other recently surveyed MRI codes. We believe the relative intensity of the intra-service work period and the increased time balances the decrease in pre- and post-service time.

Key Reference Services:
Our recommendation compares favorably to the most commonly chosen key reference services (KRS):

74177 *(Computed tomography, abdomen and pelvis; with contrast material(s))* chosen by 14% of respondents,
74176 *(Computed tomography, abdomen and pelvis; without contrast material(s))* chosen by 14% of respondents,
70553 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences)*, chosen by 14% of respondents, and
74174 *(Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing)*, chosen by 10% of respondents.

Our recommendation for 74182 has a slightly lower work RVU compared to all of the KRS codes, which represent a range of service (see Table below). We believe this heterogeneity of KRS selections represents the diverse practice patterns of radiologists and confirms the appropriateness of the recommended values within the larger family of radiology services for the surveyed code, especially given its low utilization relative to these comparisons.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74182	**Magnetic resonance imaging, abdomen; with contrast**	**1.73**	**35**	**5**	**25**	**5**	**0.060**
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	35	5	25	5	0.064
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2.20	40	5	30	5	0.066
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast, followed by contrast	2.29	37	5	25	7	0.081

MPC Codes:

The surveyed code is bracketed by two MPC codes:

99335 *(Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, Typically, 25 minutes are spent with the patient and/or family or caregiver)*, and
74176 *(Computed tomography, abdomen and pelvis; without contrast material)*, which is also the second KRS code.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99335	Domiciliary or rest home visit for the evaluation and management of an established patient; Medical decision making of low complexity.	1.72	44	9	25	10	0.052
74182	**Magnetic resonance imaging, abdomen; with contrast**	**1.73**	**35**	**5**	**25**	**5**	**0.060**
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069

Summary:

Our recommendation to maintain the current value of 1.73 RVU for 74182 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72195	Magnetic resonance imaging, pelvis; without contrast	1.46	30	5	20	5	0.062
74181	Magnetic resonance imaging, abdomen; without contrast	1.46	30	5	20	5	0.062
72196	Magnetic resonance imaging, pelvis; with contrast	1.73	35	5	25	5	0.060
74182	**Magnetic resonance imaging, abdomen; with contrast**	**1.73**	**35**	**5**	**25**	**5**	**0.060**
72197	Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences	2.20	37	5	27	5	0.073
74183	Magnetic resonance imaging, abdomen; without contrast, followed by contrast, and further sequences	2.20	40	5	30	5	0.066

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) 74182

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? 15315
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 74182 provided nationally in a one-year period is estimated to be 15,315.

Specialty Diagnostic Radiology Frequency 14701 Percentage 95.99 %

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? 5,105
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 74182 is billed approximately 5,105 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 4900 Percentage 95.98 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 74182

If this code is a new/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:74183 Tracking Number Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: XXX RUC Recommended RVU: **2.20**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with a hepatic mass is referred for MRI of the abdomen for characterization of the hepatic lesion..

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI.
Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving IV contrast.
Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning.
Review obtained non-contrast sequences for motion or other artifacts, and repeat sequences as needed.
Supervise selection of the Gadolinium contrast agent, dose, and subsequent injection.
Review obtained sequences for motion or other artifacts, and repeat post-contrast sequences as needed.
Interpret all sequences resulting from the study. Include dedicated review of the target organ(s) as well as all visualized abdominal viscera, fascial planes, vasculature, soft tissues, and osseous structures.
Compare to all pertinent available prior studies.Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Kurt Schoppe, MD; Jonathan Flug, MD; Daniel Wessell, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74183		
Sample Size:	1000	**Resp N:** 50	**Response:** 5.0 %
Description of Sample:	The ACR surveyed a random sample of 500 members and an additional random sample of 500 members who perform abdominal imaging, for a total of 1000.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**99.00**	150.00	2000.00
Survey RVW:	1.45	2.20	**2.30**	2.40	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	12.00	20.00	**30.00**	31.00	50.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74183	**Recommended Physician Work RVU: 2.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74178	XXX	2.01	**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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	548,773

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	9,511,952

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: 14 **% of respondents:** 28.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74183	Top Key Reference CPT Code: 70553	2nd Key Reference CPT Code: **74178**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	30.00	25.00	30.00
Median Immediate Post-service Time	5.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**37.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.14	0.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.79	0.60
Urgency of medical decision making	-0.14	0.20

Technical Skill/Physical Effort (Mean)

Technical skill required	0.64	0.80
Physical effort required	0.64	0.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.50	0.30
Outcome depends on the skill and judgment of physician	0.43	0.80
Estimated risk of malpractice suit with poor outcome	0.29	0.10

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.00	0.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT Codes 74181 and 74183 (abdominal MRI codes) and Codes 72195 and 72197 (pelvic MRI codes) were identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen. We expanded the family to include codes 74182 and 72196 (the with contrast abdominal and pelvic MRI codes, respectively), and surveyed the entire family with a single array survey instrument.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend the 25th percentile work RVU of 2.20, which is below the current value of 2.26.

Time Recommendations:
We recommend the median survey times of 5 minutes pre-service, 30 minutes intra-service, and 5 minutes post-service.

The total time has decreased by 10 minutes, which is accounted for by reductions in only the pre- and post-service periods. The intra-service time recommendation is the same as the current time. This reduction in total time is reflected in the slightly reduced work RVU recommendation as mentioned above given the relatively low intensity of the pre- and post-service work periods.

Key Reference Services:
Our recommendation compares favorably to the most commonly chosen key reference services (KRS):

70553 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences),* chosen by 28% of respondents,

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)* chosen by 20% of respondents,
74174 *(Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing)*, chosen by 16% of respondents, and
74263 *(Computed tomographic (CT) colonography, screening, including image postprocessing)* chosen by 14% of respondents.

Our work RVU recommendation for 74183 is bracketed by the work RVUs of the KRS selections, and maps directly to the third KRS time and work RVU values. This heterogeneity of KRS selections is consistent with the diverse practice patterns and patient populations of the radiologists surveyed and confirms the appropriateness of the recommended values within the larger family of radiology services.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74178	Computed tomography, abdomen and pelvis; without contrast, followed by contrast	2.01	40	5	30	5	0.060
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2.20	40	5	30	5	0.066
74183	**Magnetic resonance imaging, abdomen; without contrast, followed by contrast**	**2.20**	**40**	**5**	**30**	**5**	**0.066**
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	2.28	50	7	38	5	0.053
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast, followed by contrast	2.29	37	5	25	7	0.081

MPC Codes:
The surveyed code is bracketed by two MPC codes:

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)*, which is the first KRS, and
99204 *(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).*

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74178	Computed tomography, abdomen and pelvis; without contrast material, followed by contrast material(s) and further sections	2.01	40	5	30	5	0.060
74183	**Magnetic resonance imaging, abdomen; without contrast, followed by contrast**	**2.20**	**40**	**5**	**30**	**5**	**0.066**
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: decision making of moderate severity.	2.43	45	5	30	10	0.070

Summary:
Our recommendation of 2.20 RVUs (survey 25th percentile) for 74183 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72195	Magnetic resonance imaging, pelvis; without contrast	1.46	30	5	20	5	0.062
74181	Magnetic resonance imaging, abdomen; without contrast	1.46	30	5	20	5	0.062
72196	Magnetic resonance imaging, pelvis; with contrast	1.73	35	5	25	5	0.060
74182	Magnetic resonance imaging, abdomen; with contrast	1.73	35	5	25	5	0.060
72197	Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences	2.20	37	5	27	5	0.073
74183	**Magnetic resonance imaging, abdomen; without contrast, followed by contrast, and further sequences**	**2.20**	**40**	**5**	**30**	**5**	**0.066**

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) 74183

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? 720324
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 74183 provided nationally in a one-year period is estimated to be 720,324.

Specialty Diagnostic Radiology Frequency 682226 Percentage 94.71 %

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? 240,108 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 74183 is billed approximately 240,108 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 227409 Percentage 94.71 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 74183

If this code is a new/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:72195 Tracking Number Original Specialty Recommended RVU: **1.46**
Presented Recommended RVU: **1.46**
Global Period: XXX RUC Recommended RVU: **1.46**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old female with osteoporosis has a history of recent fall with persistent pelvic pain. X-rays are performed and do not reveal an injury. An MRI is requested to evaluate for an occult fracture.

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? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI.
Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning.
Review obtained sequences for motion and repeat sequences as needed.
Interpret all sequences resulting from the study. Include dedicated review of the target organ(s) as well as all visualized pelvic viscera, fascial planes, vasculature, soft tissues, and osseous structures.
Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Kurt Schoppe, MD; Jonathan Flug, MD; Daniel Wessell, MD				
Specialty(s):	American College of Radiology				
CPT Code:	72195				
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %	
Description of Sample:	The ACR surveyed a random sample of 500 members and an additional random sample of 500 members who perform abdominal imaging, for a total of 1000.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	26.00	**53.00**	99.00	2000.00
Survey RVW:	1.13	1.50	**1.63**	1.90	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**20.00**	21.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72195	**Recommended Physician Work RVU: 1.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70551	XXX	1.48	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	10,894,072

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**	2,160,758

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
73721	XXX	1.35	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, any joint of lower extremity; 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: 14 **% of respondents:** 28.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72195	Top Key Reference CPT Code: 70551	2nd Key Reference CPT Code: **74176**
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
Median Total Time	**30.00**	**28.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.79	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.14	0.17
Urgency of medical decision making	0.07	0.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.50	1.17
Physical effort required	0.21	0.67

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.43	0.17
Outcome depends on the skill and judgment of physician	0.43	0.83
Estimated risk of malpractice suit with poor outcome	0.07	0.17

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.57	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT Codes 74181 and 74183 (abdominal MRI codes) and Codes 72195 and 72197 (pelvic MRI codes) were identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen. We expanded the family to include codes 74182 and 72196 (the with contrast abdominal and pelvic MRI codes, respectively), and surveyed the entire family with a single array survey instrument.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.46, which is below the 25th percentile survey value of 1.50.

Time Recommendations:
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 most commonly chosen key reference services (KRS):

70551 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material)* chosen by 28% of respondents,
74176 *(Computed tomography, abdomen and pelvis; without contrast material)* chosen by 12% of respondents, and
73721 (*Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material*) chosen by 12% of respondents.

Our work recommendation for 72195 is bracketed by the work RVUs compared to the KRS codes (see Table below). The surveyed code has the same time values as the third KRS (73721), but a slightly higher recommended work RVU. This differential is appropriate given the complexity of the pelvic anatomy and the difference between the patient populations undergoing these services.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT

73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1.35	30	5	20	5	0.056
72195	**Magnetic resonance imaging, pelvis; without contrast**	**1.46**	**30**	**5**	**20**	**5**	**0.062**
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	28	5	18	5	0.070
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069

MPC Codes:
The surveyed code is bracketed by two MPC codes:

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)*, and
74176 *(Computed tomography, abdomen and pelvis; without contrast material)*, which is also the second KRS code.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: decision making of low complexity.	1.42	29	4	20	5	0.061
72195	**Magnetic resonance imaging, pelvis; without contrast**	**1.46**	**30**	**5**	**20**	**5**	**0.062**
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069

Summary:
Our recommendation to maintain the current value of 1.46 RVU for 72195 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72195	**Magnetic resonance imaging, pelvis; without contrast**	**1.46**	**30**	**5**	**20**	**5**	**0.062**
74181	Magnetic resonance imaging, abdomen; without contrast	1.46	30	5	20	5	0.062
72196	Magnetic resonance imaging, pelvis; with contrast	1.73	35	5	25	5	0.060
74182	Magnetic resonance imaging, abdomen; with contrast	1.73	35	5	25	5	0.060
72197	Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences	2.20	37	5	27	5	0.073
74183	Magnetic resonance imaging, abdomen; without contrast, followed by contrast, and further sequences	2.20	40	5	30	5	0.066

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) 72195

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? 221652
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 72195 provided nationally in a one-year period is estimated to be 221,652.

Specialty Diagnostic Radiology Frequency 197835 Percentage 89.25 %

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? 73,884 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 72195 is billed approximately 73,884 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 65945 Percentage 89.25 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 72195

If this code is a new/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:72196 Tracking Number Original Specialty Recommended RVU: **1.73**
Presented Recommended RVU: **1.73**
Global Period: XXX RUC Recommended RVU: **1.73**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old male with a presacral mass is referred for an MRI of the pelvis with contrast. He provides a disc with an unenhanced pelvis MRI performed at an outside institution.

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? 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: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI.
Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving IV contrast.
Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning.
Supervise selection of the Gadolinium contrast agent, dose, and subsequent injection.
Review obtained sequences for motion or other artifacts, and repeat sequences as needed.
Interpret all sequences resulting from the study. Include dedicated review of the target organ(s) as well as all visualized pelvic viscera, fascial planes, vasculature, soft tissues, and osseous structures.
Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Kurt Schoppe, MD; Jonathan Flug, MD; Daniel Wessell, MD		
Specialty(s):	American College of Radiology		
CPT Code:	72196		
Sample Size:	1000	**Resp N:** 50	**Response:** 5.0 %
Description of Sample:	The ACR surveyed a random sample of 500 members and an additional random sample of 500 members who perform abdominal imaging, for a total of 1000.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**11.00**	45.00	2000.00
Survey RVW:	1.20	1.74	**1.87**	2.10	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**25.00**	26.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72196	**Recommended Physician Work RVU: 1.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74177	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomography, abdomen and pelvis; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
99335	XXX	1.72	**RUC Time**	993,166

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,160,758

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 24.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72196	**Top Key Reference CPT Code:** 74177	**2nd Key Reference CPT Code:** **70553**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	25.00	25.00	25.00
Median Immediate Post-service Time	5.00	5.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**35.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.58	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.08	1.00
Urgency of medical decision making	0.42	-0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.42	1.00

Physical effort required	0.17	0.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.42	0.00
Outcome depends on the skill and judgment of physician	0.50	0.67
Estimated risk of malpractice suit with poor outcome	0.17	0.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.42	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
CPT Codes 74181 and 74183 (abdominal MRI codes) and Codes 72195 and 72197 (pelvic MRI codes) were identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen. We expanded the family to include codes 74182 and 72196 (the with contrast abdominal and pelvic MRI codes, respectively), and surveyed the entire family with a single array survey instrument.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend maintaining the current work RVU of 1.73, which is below the 25th percentile survey value of 1.74.

Time Recommendations:
We recommend the median survey times of 5 minutes pre-service, 25 minutes intra-service, and 5 minutes post-service.

The total time has decreased from 43 minutes to 35 minutes; however, survey respondents indicated that this service now requires 5 more minutes of intra-service time (from 20 to 25 minutes), while indicating only 5 minutes each in the pre- and post-services period, which is comparable to other recently surveyed MRI codes. We believe the relative intensity of the intra-service work period and the increased intra-service time balances the decrease in pre- and post-service times.

Key Reference Services:
Our recommendation compares favorably to the most commonly chosen key reference services (KRS):

74177 *(Computed tomography, abdomen and pelvis; with contrast material(s))* chosen by 24% of respondents,
70553 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences)*, chosen by 12% of respondents,
73722 *(Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s))* chosen by 10% of respondents, and
74174 *(Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing)*, chosen by 10% of respondents.

Our work recommendation for 72196 is bracketed by the work RVUs compared to the KRS codes (see Table below). The surveyed code has the same time values as both the first and second most commonly chosen KRS (74177 and 70553), but a lower recommended work RVU, which appropriate, especially given the comparison to 70553, which include both pre- and post-contrast imaging.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73722	Magnetic resonance imaging, any joint of lower extremity; with contrast	1.62	39	8.5	20	10	0.060
72196	**Magnetic resonance imaging, pelvis; with contrast**	**1.73**	**35**	**5**	**25**	**5**	**0.060**
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1.82	35	5	25	5	0.064
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2.20	40	5	30	5	0.066
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast, followed by contrast	2.29	37	5	25	7	0.081

MPC Codes:

The surveyed code is bracketed by two MPC codes:

99335 (*Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, Typically, 25 minutes are spent with the patient and/or family or caregiver)*, and
74176 *(Computed tomography, abdomen and pelvis; without contrast material).*

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99335	Domiciliary or rest home visit for the evaluation and management of an established patient; Medical decision making of low complexity.	1.72	44	9	25	10	0.052
72196	**Magnetic resonance imaging, pelvis; with contrast**	**1.73**	**35**	**5**	**25**	**5**	**0.060**
74176	Computed tomography, abdomen and pelvis; without contrast material	1.74	32	5	22	5	0.069

Summary:

Our recommendation to maintain the current value of 1.73 RVU for 72196 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72195	Magnetic resonance imaging, pelvis; without contrast	1.46	30	5	20	5	0.062
74181	Magnetic resonance imaging, abdomen; without contrast	1.46	30	5	20	5	0.062
72196	**Magnetic resonance imaging, pelvis; with contrast**	**1.73**	**35**	**5**	**25**	**5**	**0.060**
74182	Magnetic resonance imaging, abdomen; with contrast	1.73	35	5	25	5	0.060
72197	Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences	2.20	37	5	27	5	0.073
74183	Magnetic resonance imaging, abdomen; without contrast, followed by contrast, and further sequences	2.20	40	5	30	5	0.066

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) 72196

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? 8868
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 72196 provided nationally in a one-year period is estimated to be 8,868.

Specialty Diagnostic Radiology Frequency 8331 Percentage 93.94 %

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? 2,956
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 72196 is billed approximately 2,956 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 2777 Percentage 93.94 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 72196

If this code is a new/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:72197 Tracking Number Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: XXX RUC Recommended RVU: **2.20**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male was recently diagnosed with prostate cancer on transrectal biopsy. He is referred for high resolution pelvic MRI for treatment planning.

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? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Exclude patients with contraindications to MRI.
Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving IV contrast.
Determine appropriate protocol for clinical history and communicate protocol to technologists.

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged to select appropriate field of view and adjust anatomic planes as needed for patient positioning.
Review obtained non-contrast sequences for motion or other artifacts, and repeat sequences as needed.
Supervise selection of the Gadolinium contrast agent, dose, and subsequent injection.
Review obtained sequences for motion or other artifacts, and repeat post-contrast sequences as needed.
Interpret all sequences resulting from the study. Include dedicated review of the target organ(s) as well as all visualized pelvic viscera, fascial planes, vasculature, soft tissues, and osseous structures.
Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Kurt Schoppe, MD; Jonathan Flug, MD; Daniel Wessell, MD		
Specialty(s):	American College of Radiology		
CPT Code:	72197		
Sample Size:	1000	**Resp N:** 50	**Response:** 5.0 %
Description of Sample:	The ACR surveyed a random sample of 500 members and an additional random sample of 500 members who perform abdominal imaging, for a total of 1000.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	44.00	**79.00**	100.00	1000.00
Survey RVW:	1.50	2.20	**2.30**	2.40	4.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	12.00	20.00	**27.00**	31.00	50.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72197	**Recommended Physician Work RVU: 2.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**27.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74263	XXX	2.28	**RUC Time**

CPT Descriptor Computed tomographic (CT) colonography, screening, including image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	548,773

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	9,511,952

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: 11 **% of respondents:** 22.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72197	Top Key Reference CPT Code: 74263	2nd Key Reference CPT Code: **70553**
Median Pre-Service Time	5.00	7.00	5.00
Median Intra-Service Time	27.00	38.00	25.00
Median Immediate Post-service Time	5.00	5.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**37.00**	**50.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.09	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.18	0.88
Urgency of medical decision making	-0.09	-0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.27	0.88

Physical effort required	-0.27	0.25

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.18	0.25
Outcome depends on the skill and judgment of physician	0.00	0.50
Estimated risk of malpractice suit with poor outcome	0.18	0.13

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.36	1.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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 74181 and 74183 (abdominal MRI codes) and Codes 72195 and 72197 (pelvic MRI codes) were identified on Table 8 of the 2016 MPFS NPRM, a list of potentially misvalued codes identified through the High Expenditure by Specialty Screen. We expanded the family to include codes 74182 and 72196 (the with contrast abdominal and pelvic MRI codes, respectively), and surveyed the entire family with a single array survey instrument.

Survey Process
The American College of Radiology (ACR) conducted a simple random sample and a separate random sample of members subspecializing in MR. We assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend the 25th percentile work RVU of 2.20, which is below the current value of 2.26.

Time Recommendations:
We recommend the median survey times of 5 minutes pre-service, 27 minutes intra-service, and 5 minutes post-service.

The total time has decreased by 8 minutes, which is accounted for by reductions in only the pre- and post-service periods. The respondents indicated the intra-service time is now 2 minutes longer (27 minutes vs. 25 minutes). This reduction in total time is partially balanced by the increase in the high intensity intra-service time relative to the low intensity of the pre- and post-service work periods. As well, the recommended value represents a decreased work RVU compared to the current value.

Key Reference Services:
Our recommendation compares favorably to the most commonly chosen key reference services (KRS):

74263 *(Computed tomographic (CT) colonography, screening, including image postprocessing)* chosen by 22% of respondents,
70553 *(Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences),* chosen by 16% of respondents,
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)* chosen by 14% of respondents, and

74174 *(Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing)*, chosen by 14% of respondents.

Our work RVU recommendation for 72197 is bracketed by the work RVUs and intra-service times of the KRS selections (see table below). This heterogeneity of KRS selections is consistent with the diverse practice patterns and patient populations served by the participating radiologists and confirms the appropriateness of the recommended values within the larger family of radiology services.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74178	Computed tomography, abdomen and pelvis; without contrast, followed by contrast	2.01	40	5	30	5	0.060
72197	**Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences**	**2.20**	**37**	**5**	**27**	**5**	**0.073**
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2.20	40	5	30	5	0.066
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	2.28	50	7	38	5	0.053
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast, followed by contrast	2.29	37	5	25	5	0.081

Two comparisons are important to highlight. The recommended value for the surveyed code (72197) is the same as the recommended value for another code in the larger abdominal MRI family (74183, MRI Abdomen with and without contrast) and 74174, one of the KRS codes. We believe the recommended value for 72197 is accurate because it appropriately reflects the intensity of work in the Pelvic MRI code, which is most commonly performed for prostate cancer patients. This study usually has more than 1000 images and requires analysis of the tissue perfusion characteristics of the prostate and any lesions therein. These activities require additional expertise and training such that the intensity of work being performed justifies the value at the median survey time relative to these comparison codes.

MPC Codes:
The surveyed code is bracketed by two MPC codes:

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)*, and
99204 *(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).*

Of note, the surveyed code has a lower intra-service time than both codes, but a recommended work RVU almost exactly between these two MPC services.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74178	Computed tomography, abdomen and pelvis; without contrast material, followed by contrast material(s) and further sections	2.01	40	5	30	5	0.060
72197	**Magnetic resonance imaging, pelvis; without contrast, followed by contrast, and further sequences**	**2.20**	**37**	**5**	**27**	**5**	**0.073**
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: decision making of moderate severity.	2.43	45	5	30	10	0.070

Summary:
Our recommendation of 2.20 RVUs (survey 25th percentile) for 72197 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72195	Magnetic resonance imaging, pelvis; without contrast	1.46	30	5	20	5	0.062
74181	Magnetic resonance imaging, abdomen; without contrast	1.46	30	5	20	5	0.062
72196	Magnetic resonance imaging, pelvis; with contrast	1.73	35	5	25	5	0.060
74182	Magnetic resonance imaging, abdomen; with contrast	1.73	35	5	25	5	0.060
72197	**Magnetic resonance imaging, pelvis; without contrast, followed**	**2.20**	**37**	**5**	**27**	**5**	**0.073**

	by contrast, and further sequences						
74183	Magnetic resonance imaging, abdomen; without contrast, followed by contrast, and further sequences	2.20	40	5	30	5	0.066

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) 72197

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? 326517
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 72197 provided nationally in a one-year period is estimated to be 326517.

Specialty Diagnostic Radiology Frequency 307406 Percentage 94.14 %

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? 108,839 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 72197 is billed approximately 108,839 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 102472 Percentage 94.15 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: 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 72197

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	74181	**# of Respondents:**	50
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		

Top Ref Code:	70551	**# of Respondents:**	18	**% of Respondents:**	36.0%
Top Ref Code Descriptor:	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	22%	33%	44%	0%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	33%	67%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	17%	39%	44%
	Urgency of medical decision making	33%	44%	22%
Technical Skill:		17%	44%	39%
Physical Effort:		17%	50%	33%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	22%	56%	22%
	Outcome depends on the skill and judgment of physician	33%	33%	33%
	Estimated risk of malpractice suite with poor outcome	39%	33%	28%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	74182	**# of Respondents:**	50
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		

Top Ref Code:	74177	**# of Respondents:**	7	**% of Respondents:**	14.0%
Top Ref Code Descriptor:	Computed tomography, abdomen and pelvis; with contrast material(s)				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	14%	29%	57%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		0%	14%	86%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		0%	57%	43%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		29%	71%	0%		
Technical Skill:		**Less**	**Identical**	**More**		
		14%	29%	57%		
Physical Effort:		**Less**	**Identical**	**More**		
		14%	43%	43%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		29%	57%	14%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	29%	71%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	57%	43%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	74183	**# of Respondents:**	50
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		

Top Ref Code:	70553	**# of Respondents:**	14	**% of Respondents:**	28.0%
Top Ref Code Descriptor:	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	0%	29%	43%	29%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		0%	7%	93%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		7%	29%	64%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		36%	43%	21%		
Technical Skill:		**Less**	**Identical**	**More**		
		14%	21%	64%		
Physical Effort:		**Less**	**Identical**	**More**		
		0%	43%	57%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		14%	29%	57%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		14%	43%	43%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		14%	43%	43%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	72195	**# of Respondents:**	50
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		

Top Ref Code:	70551	**# of Respondents:**	14	**% of Respondents:**	28.0%
Top Ref Code Descriptor:	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	7%	36%	50%	7%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		0%	29%	71%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		29%	43%	36%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		29%	36%	36%		
Technical Skill:		**Less**	**Identical**	**More**		
		7%	36%	57%		
Physical Effort:		**Less**	**Identical**	**More**		
		21%	43%	36%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		0%	57%	43%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		21%	29%	50%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		21%	50%	29%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	72196	**# of Respondents:**	50
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		

Top Ref Code:	74177	**# of Respondents:**	12	**% of Respondents:**	24.0%
Top Ref Code Descriptor:	Computed tomography, abdomen and pelvis; with contrast material(s)				

		Survey Code Compared to Top Ref Code				
		Survey Code is:				
Overall Intensity and Complexity:		**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
		0%	17%	25%	58%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		8%	25%	67%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		25%	42%	33%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		0%	58%	42%		
Technical Skill:		**Less**	**Identical**	**More**		
		17%	33%	50%		
Physical Effort:		**Less**	**Identical**	**More**		
		8%	67%	25%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		0%	58%	42%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		8%	33%	58%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		17%	50%	33%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	72197	**# of Respondents:**	50
Survey Code Descriptor:	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		

Top Ref Code:	74263	**# of Respondents:**	11	**% of Respondents:**	22.0%
Top Ref Code Descriptor:	Computed tomographic (CT) colonography, screening, including image postprocessing				

		Survey Code Compared to Top Ref Code Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	18%	36%	36%	9%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less** 36%	**Identical** 27%	**More** 36%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less** 27%	**Identical** 36%	**More** 36%		
	Urgency of medical decision making	**Less** 36%	**Identical** 36%	**More** 27%		
Technical Skill:		**Less** 27%	**Identical** 27%	**More** 45%		
Physical Effort:		**Less** 36%	**Identical** 55%	**More** 9%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less** 18%	**Identical** 45%	**More** 36%		
	Outcome depends on the skill and judgment of physician	**Less** 36%	**Identical** 27%	**More** 36%		
	Estimated risk of malpractice suite with poor outcome	**Less** 18%	**Identical** 45%	**More** 36%		

SS Rec Summary

ISSUE: MRI Abdomen and MRI Pelvis

TAB: 21

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	18	0.070			1.48			28	5					18			5
2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	7	0.069			1.74			32	5					22			5
CMS/ Other	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		0.000			1.46			30									
SVY	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	50	0.071	1.13	1.50	1.65	2.00	2.50	30	5			10	15	20	21	40	5
REC	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		0.062			1.46			30	5					20			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	7	0.064			1.82			35	5					25			5
2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	7	0.069			1.74			32	5					22			5
3rd REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	7	0.081			2.29			37	5					25			7
CURRENT	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		0.059			1.73			45	15					20			10
SVY	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	50	0.067	1.20	1.80	1.90	2.10	2.60	35	5			10	20	25	27	45	5
REC	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)		0.060			1.73			35	5					25			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	14	0.081			2.29			37	5					25			7
2nd REF	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	10	0.060			2.01			40	5					30			5
CURRENT	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		0.060			2.26			50	10					30			10
SVY	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	50	0.069	1.45	2.20	2.30	2.40	3.00	40	5			12	20	30	31	50	5
REC	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences		0.066			2.20			40	5					30			5

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
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
40						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
41	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
42	1st REF	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	14	0.070			1.48			28	5					18			5
43	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	6	0.069			1.74			32	5					22			5
44	3rd REF	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	6	0.056			1.35			30	5					20			5
45	CMS/ Other	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		0.049			1.46			30						30			
46	SVY	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	50	0.070	1.13	1.50	1.63	1.90	2.50	30	5			7	15	20	21	40	5
47	REC	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)		0.062			1.46			30	5					20			5
48																				
49						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
50	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
51	1st REF	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	12	0.064			1.82			35	5					25			5
52	2nd REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	6	0.081			2.29			37	5					25			7
53	CURRENT	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		0.061			1.73			42.5	12.5					20			10
54	SVY	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	50	0.066	1.20	1.74	1.87	2.10	3.00	35	5			10	15	25	26	40	5
55	REC	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		0.060			1.73			35	5					25			5
56																				
57						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
58	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
59	1st REF	74263	Computed tomographic (CT) colonography, screening, including image	11	0.053			2.28			50	7					38			5
60	2nd REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	8	0.081			2.29			37	5					25			7
61	CURRENT	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		0.072			2.26			45	10					25			10
62	SVY	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	50	0.077	1.50	2.20	2.30	2.40	4.00	37	5			12	20	27	31	50	5
63	REC	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences		0.073			2.20			37	5					27			5

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: XXX Meeting Date: Oct. 2016

74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences

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 MRI Abdomen (74181, 74182, 74183) and MRI Pelvis (72195, 72196, 72197) code families.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The ACR included the existing PE inputs for codes 74181, 74182, 74183 and 72195, 72196, 72197 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** - The specialty is recommending an increase in time since MR involves strong magnetic fields and ensuring patient safety is important. More specifically, all objects in the room must be MRI compatible. MR exams involve the use of MR coils which vary based on the body part studied and are specifically selected to fit the patient. These coils must be prepared for the intended exam, positioned, and attached to the MR unit. In addition, the examinations involving the use of contrast require setup of the injector apparatus and preparation of the contrast material.
- **Prepare and position patient/ monitor patient/ set up IV** - The specialty is recommending an increase in time to allow for positioning the patient to ensure they are comfortable during the lengthy procedure since motion artifact can degrade the quality of the exam. Pillows are typically

positioned under the patient's knees to relieve stress off the back during the long image acquisition period. The patient's abdomen or pelvis must be properly placed into the coils. If contrast is being administered, any IV lines must be secured to prevent disengagement. The technologist must confirm the patient has no MR incompatible internal devices (such as metal in or on clothing), personal possessions and even superficial tattoos. These may be dangerous or cause artifacts while the patient is in or around the MRI magnet.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS [2017 MPFS Proposed Rule] and the RUC [2017 MPFS Proposed Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard exists for this activity. The specialty does acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS. The specialty believes that abdominal and pelvic MR is at the higher end of complexity for radiology services since MR involves hundreds of images in multiple planes. Interpretation of MRI findings typically requires comparison of multiple sequences. Incomplete, poor quality, or missing sequences can lead to an inconclusive exam. The number of images and importance of QC warrant the four minutes recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Obtain vital signs –** clinically necessary for 74182, 74183, 72196, and 72197; related to contrast administration.
- **Gown, patient (SB026)** – clinically necessary supply item for 74181 and 72195
- **Paper, exam table (SB036)** – clinically necessary supply item for 74181 and 72195
- **Professional PACS Workstation (ED053)** – in the CY 2016 MPFS Final Rule, CMS acknowledged that the costs of the professional workstation may be analogous to costs previously incorporated as direct PE inputs. In the CY 2017 MPFS Proposed Rule, CMS indicates that they will allow the addition of the professional PACS workstation to 70000 series codes that use the current technical PACS workstation and include professional work for which such a workstation would be used. The ACR, as approved by the RUC at the April 2016 meeting, is recommending that this equipment time equal the sum of the physician work pre-service time and intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- 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	V	X	Z
1	REVISED AT RUC 10/5/16			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.			74181	74181	74182	74182	74183	74183	72195	72195	72196	72196	72197	72197
3	Meeting Date: October 2016 Tab: 21 - MRI Abdomen, MRI Pelvis Specialty: ACR	CMS Code	Staff Type	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) (Jan 2002 PEAC)	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) (Oct 2016 RUC)	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) (Aug 2003 PEAC)	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) (Oct 2016 RUC)	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences (Aug 2003 PEAC)	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences (Oct 2016 RUC)	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) (Jan 2002 PEAC)	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) (Oct 2016 RUC)	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) (Aug 2003 PEAC)	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) (Oct 2016 RUC)	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences (Aug 2003 PEAC)	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences (Oct 2016 RUC)
4	LOCATION			Non Fac	Non Fac	Non Fac	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	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L047A	MRI Tech	66.0	49.0	88.0	78.0	95.0	83.0	76.0	59.0	78.0	68.0	95.0	83.0
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L047A	MRI Tech	8.0	4.0	8.0	4.0	8.0	4.0	8.0	4.0	8.0	4.0	8.0	4.0
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L047A	MRI Tech	58.0	45.0	80.0	74.0	87.0	79.0	68.0	55.0	70.0	64.0	87.0	79.0
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L047A	MRI Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms														
13	Coordinate pre-surgery services														
14	Schedule space and equipment in facility														
15	Provide pre-service education/obtain consent														
16	Follow-up phone calls & prescriptions														
17	Availability of prior images confirmed	L047A	MRI Tech		2		2		2		2		2		2
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L047A	MRI Tech	8	2	8	2	8	2	8	2	8	2	8	2
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	L047A	MRI Tech	3	3	3	3	3	3	3	3	3	3	3	3
23	Obtain vital signs	L047A	MRI Tech				3		3				3		3
24	Provide pre-service education/obtain consent	L047A	MRI Tech	7	5	9	7	9	7	7	5	9	7	9	7
25	Prepare room, equipment, supplies	L047A	MRI Tech	5	5	7	7	7	7	5	5	7	7	7	7
26	Setup scope (non facility setting only)														
27	Prepare and position patient/ monitor patient/ set up IV	L047A	MRI Tech	3	3	5	5	5	5	3	3	5	5	5	5
28	Sedate/apply anesthesia														
29	Other Clinical Activity - specify:														
30	**Intra-service**														
31	Acquire images	L047A	MRI Tech	20	20	40	40	45	45	30	30	30	30	45	45
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	L047A	MRI Tech	3	3	3	3	3	3	3	3	3	3	3	3
37	Clean Scope														
38	Clean Surgical Instrument Package														
39	Complete diagnostic forms, lab & X-ray requisitions														
40	Review/read X-ray, lab, and pathology reports														
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Tech		3		3		3		3		3		3
43	Review examination with interpreting MD	L047A	MRI Tech		2		2		2		2		2		2
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L047A	MRI Tech		1		1		1		1		1		1
45	Other Clinical Activity - *specify:*														
46	*Escort patient from exam room due to magnetic sensitivity*	L047A	MRI Tech	2		2		2		2		2		2	
47	*- Process films, hang films and review study with interpreting MD prior to patient discharge*	L047A	MRI Tech	15		11		13		15		11		13	
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
51	**End: Patient leaves office**														
52	**POST-SERVICE Period**														
53	**MEDICAL SUPPLIES***	**CODE**	**UNIT**												
54	kit, iv starter	SA019	kit			1	1	1	1			1	1	1	1
55	tourniquet (1)														
56	alcohol prep pad (1)														
57	PVP ointment (1)														
58	PVP prep pad (1)														
59	2x2 gauze sponges (2)														
60	1x3 bandage (1)														
61	sm roll surgical tape (1)														
62	pr gowes (1)														
63	Chux underpad 2ft x 3ft (1)														
64	drape, non-sterile, sheet 40in x 60in	SB006	item			1	1	1	1			1	1	1	1
65	glove, non-sterile	SB022	pair			1		1				1		1	
66	gown, patient	SB026	item		1	1	1	1	1		1	1	1	1	1
67	paper, exam table	SB036	foot		7	7	7	7	7		7	7	7	7	7
68	angiocatheter 14g-24g	SC001	item			1	1	1	1			1	1	1	1
69	heparin lock	SC012	item			1	1	1	1			1	1	1	1
70	iv tubing (extension)	SC019	foot			1	1	1	1			1	1	1	1
71	needle, 18-27g	SC029	item			1	2	2	2			1	2	2	2
72	syringe 20ml	SC053	item			1	2	1	2			1	2	1	2
73	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			1		1				1		1	
74	gauze, sterile 2in x 2in	SG053	item			1		1				1		1	
75	tape, surgical paper 1in (Micropore)	SG079	inch			6		6				6		6	
76	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			1	1	1	1			1	1	1	1
77	earplugs	SJ018	item	1	1	1	1	1	1	1	1	1	1	1	1
78	bovidone swabsticks (3 pack uou)	SJ043	item			1		1				1		1	
79	swab-pad, alcohol	SJ053	item			1		1				1		1	
80	**EQUIPMENT**	**CODE**													
81	PACS Workstation Proxy	ED050		58	45	80	74	87	79	68	55	70	64	87	79
82	room, MR	EL008		58	34	80	58	87	63	68	44	70	48	87	63
83	Professional PACS Workstation	ED053			25		30		35		25		30		32

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Angiography of Extremities

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 75710 was identified as part of this screen.

Compelling Evidence

The specialty societies presented several points of compelling evidence to support that CPT codes 75710 and 75716 are potentially misvalued. CPT codes 75710 and 75716 have never been surveyed and are the result of CMS/other inputs, which is considered by the RUC as a flawed methodology since it can not be substantiated. There has also been a change in the dominant specialty over time. When values were first assigned in 1992, radiology was the dominant provider; however, vascular surgery is now the dominant provider of the professional component of CPT code 75710. Furthermore, there has been a change in physician work for CPT codes 75710 and 75716 due to changes in technique, technology and patient population. In 1992, the typical patient for an extremity angiogram was a patient suspected of having peripheral arterial disease. Imaging focused mainly on the aorta, iliac and femoral vessels with less attention to the distal runoff. Today, the patient population has changed. The evaluation of inflow is no longer performed with an invasive procedure but is imaged with CT Angiography or MR Angiography as the accuracy of these modalities has improved significantly over the past two decades. The improvement in technology also allows for more detailed imaging of the distal runoff and pedal vasculature for diagnostic angiography. The transition from analog to digital imaging has not only improved the visualization but has increased the number of images to be reviewed and interpreted for CPT codes 75710 and 75716. Thus, the changes in patient population, technique and technology have resulted in a change in the complexity of physician work and total time since 1992 and constitute compelling evidence for a change in value. The RUC agreed that there is compelling evidence that these services are potentially misvalued based on flawed methodology, change in the dominant provider, change in technique, change in technology and a change in the patient population.

75710 ***Angiography, extremity, unilateral, radiological supervision and interpretation***
The RUC reviewed the survey results from 124 physicians and recommends the following physician time components: pre-service time of 15 minutes, intra-service time of 40 minutes and post-service time of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 1.75 and agreed that this value is appropriate for this service. To justify a work RVU of 1.75, the RUC compared the survey code to MPC code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas*

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(work RVU = 1.54 and 29 minutes intra-service time) and noted that the survey code has somewhat more intra-service time and total time. To further support a work RVU of 1.75, the RUC compared the survey code to top key reference code 75791 *Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation* (work RVU of 1.71, intra-service time of 25 minutes, total time of 55 minutes) and noted that the survey code involves much more intra-service and total time, and 89% of the survey respondents indicated that the surveyed code is an overall more intense and complex service to perform. **The RUC recommends a work RVU of 1.75 for CPT code 75710.**

75716 ***Angiography, extremity, bilateral, radiological supervision and interpretation***
The RUC reviewed the survey results from 124 physicians and recommends the following physician time components: pre-service time of 15 minutes, intra-service time of 50 minutes and post-service time of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 1.97 and agreed that this value is appropriate for this service. To justify a work RVU of 1.97, the RUC compared the survey code to CPT code 90834 *Psychotherapy, 45 minutes with patient and/or family member* (work RVU of 2.00, intra-service time of 45 minutes, total time of 60 minutes) and noted that the survey code involves more intra-service and total time. To further support a work RVU of 1.97, the RUC compared the survey code to MPC code 74178 *Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions* (work RVU of 2.01, intra-service time of 30 minutes, total time of 40 minutes) and noted that the survey code requires much more time to perform, though is less intense to perform, supporting similar valuation between the two services. **The RUC recommends a work RVU of 1.97 for CPT code 75716.**

Practice Expense
The Practice Expense Subcommittee reviewed the recommended direct PE inputs and noted that nephrology is the primary specialty in the non-facility setting. The nephrologist representatives indicated that they weren't part of the work survey and weren't sure about the new process in which the dominant providers of a service in the non-facility setting will be required to participate in the development of practice expense recommendations. However, it was articulated that the utilization for these two codes will be dropping significantly due to the bundling in the Dialysis Circuit series of codes that CPT approved, and the RUC valued, for CPT 2017. After this occurs, it is unlikely that nephrology will remain the dominant specialty.

The Subcommittee also made several minor modifications to the clinical staff, including: reducing the confirmation of prior images and review of patient clinical information to 2 minutes, respectively and removing any minutes relating to preparing and positioning the patient. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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F**lag for Review of Specialty Mix**

With the newly bundled dialysis access maintenance codes that were approved in January 2016 as part of Dialysis Circuit code family 36901-36909, the specialties project that a significant portion of the nephrology volume for 75710 will instead be reported with applicable Dialysis Circuit codes. Currently, nephrology represented 17.8 percent of the 2015 Medicare claims for 75710. **The RUC will add a flag for review to confirm that nephrology utilization volume has decreased once 2017 Medicare utilization data is available for review.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	XXX	1.75
75716 (f)	Angiography, extremity, bilateral, radiological supervision and interpretation	XXX	1.97

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75710 Tracking Number Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: XXX RUC Recommended RVU: **1.75**

CPT Descriptor: Angiography, extremity, unilateral, radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with hypertension, hyperlipidemia, and diabetes presents with right lower extremity calf claudication following minimal exertion. His femoral pulses are strong, however, his right popliteal and right distal pulses are asymmetrically weak. Noninvasive study is abnormal on the right with decreased ankle brachial index and waveform suggesting right superficial femoral or popliteal obstruction. CT angiogram confirms normal inflow, however, evaluation of the right popliteal artery and tibial vasculature was inconclusive due to heavy arterial calcification. Catheter angiogram is requested to further define anatomy so that treatment options can be presented to the patient.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Based on patient's symptoms, signs, physical findings and any preprocedural studies, determine the area of potential disease within the extremity. Ensure the total region of the potentially affected limb(s) can be fully visualized using angiographic imaging in the interventional suite. Take into consideration the total length of extremity, the body habitus, limitation on movement due to underlying conditions and positioning in order to ensure the best imaging of the entire extremity(ies). In addition to assessing the affected limb(s); ensure imaging equipment can be rotated to provide complete imaging from multiple angles prior to patient positioning. Discuss with the patient and family the risks due to the exposure to radiation and use of contrast dye or other potential imaging modality (i.e. CO2). Also discuss the equipment being used, the close proximity of the image intensifier and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for interpretation.

Description of Intra-Service Work: X-ray is utilized to determine the best and safest access site for the limb of interest. This requires static x-ray visualization of access site and anatomic landmarks to ensure direct anterior access to the access vessel. Upon access, multiple imaging angles will be required to ensure complete visualization of the vasculature as this is a 2-D representation of a 3-D object. Complete visualization of angiography of the affected extremety in stations or with a complete runoff if performed, which will require a test run prior to angiographic imaging. During angiographic interpretation, different angles will be required due to the course of the vasculature as well as interference from overlapping vessels and bony prominences. This will require prolonged visualization and interpretation due to multiple images. Magnified imaging will be utilized as necessary for best visualization of potential vascular lesions as well as reformatting pixilation due to movement of the limb. Visualization of the vasculature above and below the area of potential disease is imperative to determine the best treatment modality and to ensure iatrogenic injury (wire manipulation, embolization) has not occurred beyond the location of disease as well as to assess all levels of disease.

Description of Post-Service Work: Storage of all imaging studies into PACS. This includes reformatting due to movement or poor contrast flow into affected region with peak opacification. Selection of key digital subtraction angiography images

of areas of significant disease or for preoperative planning to be used intraoperatively. Copying and sending of key images to referring physician through a secure portal.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Francesco Aiello, MD, Micheal Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Kurt Schoppe, MD, Richard Wright, MD and Clifford Kavinsky, MD				
Specialty(s):	Vascular Surgery, Interventional/Radiology, Interventional/Cardiology				
CPT Code:	75710				
Sample Size:	3559	**Resp N:** 124	**Response:** 3.4 %		
Description of Sample:	SVS - 425 random, MD/DO, US full members SIR - 500 random, MD/DO, US full members ACR - 750 random MD/DO, US full members (375 general membership and 375 interventional radiologists) ACC - 1000 random, MD/DO, US full members SCAI - 884 random, MD/DO, US full members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	15.00	**25.00**	50.00	250.00
Survey RVW:	1.20	1.75	**2.00**	2.50	5.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**40.00**	60.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	75710	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75791	XXX	1.71	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73706	XXX	1.90	**RUC Time**

CPT Descriptor Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	38,076

CPT Descriptor 1 Needle electromyography; 2 extremities with or without related paraspinal areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	548,773

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 73 **% of respondents:** 58.8 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 26.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 75710	Top Key Reference CPT Code: 75791	2nd Key Reference CPT Code: 73706
Median Pre-Service Time	15.00	15.00	10.00
Median Intra-Service Time	40.00	25.00	30.00
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
Median Total Time	**70.00**	**55.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.15	0.84
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.28	0.91

Urgency of medical decision making	0.68	1.05

Technical Skill/Physical Effort (Mean)

Technical skill required	1.13	1.54
Physical effort required	0.80	1.45

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.30	1.59
Outcome depends on the skill and judgment of physician	1.03	1.24
Estimated risk of malpractice suit with poor outcome	1.35	1.41

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.43	1.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. Code 75710 was identified in this screen and code 75716 was added as a family code for review.

Methodology

A survey was distributed randomly to the members of ACR, SIR, ACC, SCAI and SVS. There were 124 surveys completed.

Work RVU Recommendation

We are recommending the 25th percentile survey work RVU of 1.75 for CPT code 75710, which is an increase from the existing value of 1.14.

Compelling Evidence

We believe that there is compelling evidence to recommend an increase in the value for CPT code 75710 based on evidence that incorrect assumptions were made in the previous valuation and that physician work has increased due to changes in technique, knowledge/technology, and patient population.

(1) Incorrect assumptions. CPT code 75710 has never been surveyed and is the result of CMS/other inputs. While this alone does not amount to compelling evidence, comparison of the survey time results and other RUC reviewed supervision and interpretation codes show that the existing value greatly underestimates the work of CPT code 75710. There has also been a change in the dominant specialty over time. When values were first assigned in 1992, radiology was the dominant provider; however, Vascular Surgery is now the dominant provider of the professional component of CPT code 75710.

(2) Changes in physician work. We believe that there has been a change in physician work for CPT code 75710 since CMS assigned a value and time in 1992 due to changes in technique, technology, and patient population. In 1992, the typical patient for an extremity angiogram was a patient suspected of having peripheral arterial disease. Imaging focused mainly on the aorta, iliac, and femoral vessels with less attention to the distal runoff. Today, the patient population has changed. The evaluation of inflow is no longer performed with an invasive procedure but is imaged with CTA or MRA as the accuracy of these modalities has improved significantly over the past 2 decades. The improvement in technology also allows for more detailed imaging of the distal runoff and pedal vasculature. The transition from analog to digital imaging has not only improved the visualization but has increased the number of images to be reviewed and interpreted for CPT code 75710. Thus the changes in patient population, technique, and technology have resulted in a change in the complexity of physician work and total time since 1992 and constitutes compelling evidence for a change in value.

Pre-, Intra- and Post-Service Time

The survey respondents identified 30 minutes of pre-service time, 40 minutes of intra-service time, and 20 minutes of post-service time for CPT code 75710. It is an XXX global code and, as such, there are no applicable pre- and post-service time packages. We are recommending 15 minutes of pre and post time, similar to the reference service codes.

Our recommended times are 15, 40, 15, resulting in a total time of 70 minutes.

Comparison to MPC codes

Comparison with MPC List Code, CPT 95861 – RVW 1.54

CPT code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* is an XXX global MPC service with similar times and intensity to CPT code 75710. CPT code 75710 has more intra-service time than CPT code 95861 supporting our recommendation for the 25th percentile survey value of 1.75 RVW for CPT code 75710.

Comparison with MPC List Code, CPT 74178 – RVW 2.01

CPT code 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* is an XXX global MPC. Both CPT code 74178 and 75710 are imaging codes but are of different modalities. CPT code 74178 has less time at a higher intensity supporting our recommendation for the 25th percentile survey value of 1.75 RVW for CPT code 75710.

CPT	RVW	IWPUT	Total Time	Pre	Intra	Post
95861 MPC	1.54	0.038	49	10	29	10
75710 Survey	1.75	0.027	70	15	40	15
74178 MPC	2.01	0.060	40	5	30	5

Conclusion

A multi-disciplinary survey of CPT code 75710 was performed with strong survey results and a high degree of concordance between specialties. When comparing the survey results to the key reference service, two MPC codes, and RUC reviewed supervision codes, we believe that the 25th percentile survey RVW of 1.75 is the correct value for CPT code 75710.

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. An angiography code is reported along with this S&I code (i.e. 36215, 36246, 36247)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 75710

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Interventional/Cardiology How often? Commonly

Specialty Interventional/Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 145,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare reported data for 2015 (current RUC database)

Specialty Vascular Surgery	Frequency 54000	Percentage 37.24 %
Specialty Interventional/Cardiology	Frequency 45000	Percentage 31.03 %
Specialty Interventional/Radiology	Frequency 26500	Percentage 18.27 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 75710

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	75710	**# of Respondents:**	124
Survey Code Descriptor:	Angiography, extremity, unilateral, radiological supervision and interpretation		

Top Ref Code:	75791	**# of Respondents:**	73	**% of Respondents:**	59%
Top Ref Code Descriptor:	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				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	1%	10%	64%	25%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	3%	22%	75%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	27%	73%
	Urgency of medical decision making	8%	42%	49%
Technical Skill:		1%	19%	79%
Physical Effort:		3%	36%	62%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	1%	18%	81%
	Outcome depends on the skill and judgment of physician	3%	36%	62%
	Estimated risk of malpractice suite with poor outcome	1%	25%	74%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75716 Tracking Number Original Specialty Recommended RVU: **1.97**
Presented Recommended RVU: **1.97**
Global Period: XXX RUC Recommended RVU: **1.97**

CPT Descriptor: Angiography, extremity, bilateral, radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with hypertension, hyperlipidemia, and diabetes presents with bilateral lower extremity calf claudication following minimal exertion. His femoral pulses are strong, however, popliteal and distal pulses are weak on both sides. Noninvasive study is abnormal with decreased ankle brachial index bilaterally and waveforms suggesting bilateral femoral or popliteal obstruction. CT angiogram confirms normal inflow, however, evaluation of bilateral popliteal and tibial arteries was inconclusive due to heavy arterial calcification. Catheter angiogram is requested to further define anatomy so that treatment options can be presented to the patient.

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%

Description of Pre-Service Work: Based on patient's symptoms, signs, physical findings and any preprocedural studies, determine the area of potential disease within each extremity. Ensure the total region of the potentially affected limbs can be fully visualized using angiographic imaging in the interventional suite. Take into consideration the total length of extremities, the body habitus, limitation on movement due to underlying conditions and positioning in order to ensure the best imaging of the entire extremities. In addition to assessing the affected limbs; ensure imaging equipment can be rotated to provide complete imaging from multiple angles prior to patient positioning. Discuss with the patient and family the risks due to the exposure to radiation and use of contrast dye or other potential imaging modality (i.e. CO2). Also discuss the equipment being used, the close proximity of the image intensifier and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for interpretation.

Description of Intra-Service Work: X-ray is utilized to determine the best and safest access site for each limb. This requires static x-ray visualization of access site and anatomic landmarks to ensure direct anterior access to the access vessel. Upon access, multiple imaging angles will be required to ensure complete visualization of the vasculature as this is a 2-D representation of a 3-D object. Complete visualization of angiography of the affected extremeties in stations or with a complete runoff is performed, which will require a test run prior to angiographic imaging. During angiographic interpretation, different angles will be required due to the course of the vasculature as well as interference from overlapping vessels and bony prominences. This will require prolonged visualization and interpretation due to multiple images. Magnified imaging will be utilized as necessary for best visualization of potential vascular lesions as well as reformatting pixilation due to movement of the limbs. Visualization of the vasculature above and below the area of potential disease is imperative to determine the best treatment modality and to ensure iatrogenic injury (wire manipulation, embolization) has not occurred beyond the location of disease as well as assess all levels of disease.

Description of Post-Service Work: Storage of all imaging studies into PACS. This includes reformatting due to movement or poor contrast flow into affected region with peak opacification. Selection of key digital subtraction angiography images

for areas of significant disease or for preoperative planning to be used intraoperatively. Copying and sending of key images to referring physician through a secure portal.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Francesco Aiello, MD, Micheal Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Kurt Schoppe, MD, Richard Wright, MD and Clifford Kavinsky, MD				
Specialty(s):	Vascular Surgery, Interventional/Radiology, Interventional/Cardiology				
CPT Code:	75716				
Sample Size:	3559	**Resp N:** 124	**Response:** 3.4 %		
Description of Sample:	SVS - 425 random, MD/DO, US full members SIR - 500 random, MD/DO, US full members ACR -750 random, MD/DO, US full members (375 general membership, 375 interventional radiologists) ACC - 1000 random, MD/DO, US full members SCAI - 884 random, MD/DO, US full members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	19.00	**30.00**	50.00	250.00
Survey RVW:	1.39	1.97	**2.33**	3.00	6.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	35.00	**50.00**	60.00	150.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	75716	**Recommended Physician Work RVU: 1.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73706	XXX	1.90	**RUC Time**

CPT Descriptor Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75791	XXX	1.71	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	38,076

CPT Descriptor 1 Needle electromyography; 2 extremities with or without related paraspinal areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	548,773

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 76 **% of respondents:** 61.2 **%**

Number of respondents who choose 2nd Key Reference Code: 40 **% of respondents:** 32.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 75716	Top Key Reference CPT Code: 73706	2nd Key Reference CPT Code: 75791
Median Pre-Service Time	15.00	10.00	15.00
Median Intra-Service Time	50.00	30.00	25.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**80.00**	**50.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.84	1.15
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.91	1.28

Urgency of medical decision making	1.05	0.68

Technical Skill/Physical Effort (Mean)

Technical skill required	1.54	1.13
Physical effort required	1.45	0.80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.59	1.30
Outcome depends on the skill and judgment of physician	1.24	1.03
Estimated risk of malpractice suit with poor outcome	1.41	1.35

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.57	1.43

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. Code 75710 was identified in this screen and code 75716 was added as a family code for review.

Methodology

A survey was distributed randomly to the members of ACC, ACR, SCAI, SIR and SVS. There were 124 surveys completed.

Work RVU Recommendation

We are recommending the 25th percentile survey work RVU of 1.97 RVW for CPT code 75716, which is an increase from the existing value of 1.31.

Compelling Evidence

We believe that there is compelling evidence to recommend an increase in the value for CPT code 75716 based on evidence that incorrect assumptions were made in the previous valuation and that physician work has increased due to changes in technique, knowledge/technology, and patient population.

(1) Incorrect assumptions. CPT code 75716 has never been surveyed and is the result of CMS/other inputs. While this alone does not amount to compelling evidence, comparison of the survey time results and other RUC reviewed supervision and interpretation codes show that the existing value greatly underestimates the work of CPT code 75716. There has also been a change in the dominant specialty over time. When values were first assigned in 1992, radiology was the dominant provider; however, cardiology is now the dominant provider of CPT code 75716.

(2) Changes in physician work. We believe that there has been a change in physician work for CPT code 75716 since CMS assigned a value and time in 1992 due to changes in technique, technology, and patient population. In 1992, the typical patient for an extremity angiogram was a patient suspected of having peripheral arterial disease. Imaging focused mainly on the aorta, iliac, and femoral vessels with less attention to the distal runoff. Today, the patient population has changed. The evaluation of inflow is no longer performed with an invasive procedure but is imaged with CTA or MRA as the accuracy of these modalities has improved significantly over the past 2 decades. The improvement in technology also allows for more detailed imaging of the distal runoff and pedal vasculature. The transition from analog to digital imaging has not only improved the visualization but has increased the number of images to be reviewed and interpreted for CPT code 75716. Thus the changes in patient population, technique, and technology have resulted in a change in the complexity of physician work and total time since 1992 and constitutes compelling evidence for a change in value.

Pre-, Intra- and Post-Service Time

The survey respondents identified 30 minutes of pre-service time, 50 minutes of intra-service time, and 20 minutes of post-service time for CPT code 75716. It is an XXX global code and, as such, there are no applicable pre- and post-service time packages. We are recommending 15 minutes of pre and post time, similar to the reference service codes.

Our recommended times are 15, 50, 15, resulting in a total time of 80 minutes.

Comparison to MPC codes

Comparison with MPC List Code, CPT 95861 – RVW 1.54

CPT code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* is an XXX global MPC service with similar times and intensity to CPT code 75716. CPT code 75716 has more intra-service time than CPT code 95861 supporting our recommendation for the 25th percentile survey value of 1.97 RVW for CPT code 75716.

Comparison with MPC List Code, CPT 74178 – RVW 2.01

CPT code 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* is an XXX global MPC. Both CPT code 74178 and 75716 are imaging codes but are of different modalities. CPT code 74178 has less time at a higher intensity supporting our recommendation for the 25th percentile survey value of 1.97 RVW for CPT code 75716.

CPT	RVW	IWPUT	Total Time	Pre	Intra	Post
95861 MPC	1.54	0.038	49	10	29	10
75716 Survey	1.97	0.026	80	15	50	15
74178 MPC	2.01	0.060	40	5	30	5

Conclusion

A multi-disciplinary survey of CPT code 75716 was performed with strong survey results and a high degree of concordance between specialties. When comparing the survey results to the key reference service, two MPC codes, and RUC reviewed supervision codes, we believe that the 25th percentile survey RVW of 1.97 is the correct value for CPT code 75716.

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. An angiography code is reported along with this S&I code (i.e. 36215, 36246, 36247)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 75716

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Interventional/Cardiology How often? Commonly

Specialty Interventional/Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 82,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare reported data for 2015 (current RUC database)

Specialty Vascular Surgery Frequency 24000 Percentage 29.26 %

Specialty Interventional/Cardiology Frequency 37000 Percentage 45.12 %

Specialty Interventional/Radiology Frequency 13000 Percentage 15.85 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 75716

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	75716	**# of Respondents:**	124
Survey Code Descriptor:	Angiography, extremity, bilateral, radiological supervision and interpretation		

Top Ref Code:	73706	**# of Respondents:**	76	**% of Respondents:**	61%
Top Ref Code Descriptor:	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	1%	5%	29%	64%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	4%	36%	61%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1%	34%	64%
	Urgency of medical decision making	1%	28%	71%
Technical Skill:		1%	9%	89%
Physical Effort:		0%	16%	84%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	1%	7%	92%
	Outcome depends on the skill and judgment of physician	0%	25%	75%
	Estimated risk of malpractice suite with poor outcome	0%	16%	84%

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: Angiography of Extremities (75710 & 75716)**																								
14	**TAB: 22**																								
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	75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of	73	0.042			1.71			55	15					25			15					
18	2nd REF	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	33	0.048			1.90			50	10					30			10					
19	CURRENT	75710	Angiography, extremity, unilateral, radiological supervision and interpretation					1.14			22														
20	SVY	75710	Angiography, extremity, unilateral, radiological supervision and interpretation	124	0.022	1.20	1.75	2.00	2.50	5.00	90	30			10	30	40	60	120	20	1	15	25	50	250
21	REC				0.027			1.75			70	15					40			15					
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	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	76	0.048			1.90			50	10					30			10					
27	2nd REF	75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image	40	0.042			1.71			55	15					25			15					
28	CURRENT	75716	Angiography, extremity, bilateral, radiological supervision and interpretation					1.31			25														
29	SVY	75716	Angiography, extremity, bilateral, radiological supervision and interpretation	124	0.024	1.39	1.97	2.33	3.00	6.00	100	30			15	35	50	60	150	20	2	19	30	50	250
30	REC				0.026			1.97			80	15					50			15					

#17
#22
Tab Number

Insertion of PICC Catheter
Angiography of Extremities
Issue

(36569)
(75710 and 75716)
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

September 2, 2016
Date

#13
#22
Tab Number

Strapping Multi-Layer Compression
Angiography of the Extremities
Issue

(29580, 29581)
(75710, 75716)
Code Range

Attestation Statement

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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Society (SVS)
Specialty Society

September 2, 2016
Date

22, 25, 26
Tab Number

Extremity Angiography; Cardiac EP Device Monitoring; Stress Echocardiography
Issue

75710-75716; 93279-93299; 93350-93351
Code Range

Attestation Statement

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Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

9/6/16
Date

Tab Number	Code Range
12	27370
16	36556
17	36569
18	70544, 70545, 70546
19	70547, 70548, 70549
20	73718, 73719, 73720
21	74181, 74182, 74183, 72195, 72196, 72197
22	75710, 75716
24	77058, 77059

Tab Number	Issue
12	Injection for Knee Arthrography
16	Insertion of Catheter
17	Insertion of PICC Catheter
18	MRA Head
19	MRA Neck
20	MRI Lower Extremities
21	MRI Abdomen and MRI Pelvis
22	Angiography of Extremities
24	MRI Breast

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 6, 2016
Date

22
Tab Number

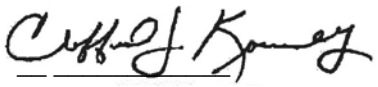
Angiography of Extremities
Issue

75710 & 75716
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Clifford J. Kavinsky, MD, PhD, FSCAI
Printed Signature

Society for Cardiovascular Angiography and Interventions (SCAI)
Specialty Society

9/6/16
Date

CPT Code: 75710 & 75716
Specialty Society('s): SVS, SIR, ACR, ACC & SCAI

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: XXX **Meeting Date:** October 2016

75710 *Angiography, extremity, unilateral, radiological supervision and interpretation*

75716 *Angiography, extremity, bilateral, radiological supervision and interpretation*

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SVS, SIR, ACR, ACC and SCAI convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these two angiography of extremities supervision and interpretation codes (75710 & 75716).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Codes 75710 and 75716 have existing direct PE inputs. As such, we included the current inputs on the excel spreadsheet as a reference. We also included CPT Code 36247 on the spreadsheet, which would be a typical lower extremity base code.

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:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Confirm availability of prior imaging studies
- Review clinical information and questionnaire
- Confirm order from physician and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies
- Greet patient and escort into procedure room
- Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
- Position ruler or relative measurement tool under sterile field
- Assist physician with acquisition of digital subtraction angiography and fluoroscopy
- Assist physician with set up of step table or sequential imaging of lower extremity
- Perform post processing of angiography runs, including masking and pixel shifting to archive optimal images
- Performs quality control of images in PACS, checking for all images and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

- Clean room/equipment by physician staff

	A	B	C	D	E	F	G	H
1				CURRENT INPUTS		RECOMMENDATION		CURRENT
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** REVISED AT MEETING			75710				
3	**Meeting Date:** October 2016 **Tab:** 22 Angiography of the Extremities **Specialty**:Vascular Surgery, Interventional/Radiology, Interventional/Cardiology	**CMS Code**	**Staff Type**	*Angiography, extremity, unilateral, radiological supervision and interpretation*				*Angiograp su*
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**							
6	**TOTAL CLINICAL LABOR TIME**			**95**	**0**	**56**	**0**	**138**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**6**	**0**	**4**	**0**	**6**
8	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0*		*0*		*0*
9	*Rad Tech*	*L041B*	*RadTech*	*6*		*4*		*6*
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**89**	**0**	**52**	**0**	**132**
11	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*					
12	*Rad Tech*	*L041B*	*RadTech*	*89*		*52*		*132*
13	*RN*	*L051A*	*RN*					
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**
15	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0*	**0**	*0*	**0**	*0*
16	**PRE-SERVICE**							
17	**Start: Following visit when decision for surgery or procedure made**							
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA					
20	Schedule space and equipment in facility							
21	Provide pre-service education/obtain consent							
22	Follow-up phone calls & prescriptions							
23	Availability of prior images confirmed	L041B	RadTech	3		2		3
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	3		2		3
25	Other Clinical Activity - *specify:*							
26	**End: When patient enters office/facility for surgery/procedure**							
27	**SERVICE PERIOD**							
28	**Start: When patient enters office/facility for surgery/procedure:**							
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					
30	Obtain vital signs	L037D	RN/LPN/MTA					
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					
32	Prepare room, equipment, supplies	L041B	RadTech	3		2		3
33	Setup scope (non facility setting only)							
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RadTech	3				3
35	Other Clinical Activity - specify: *(SEDATE FOR MS/OLD SPREADSHEET)*	L051A	RN					
36	**Intra-service**							
37	Assist Physician *(moderate sedation)*	L051A	RN					
38	Assist Physician	L041	RadTech	60				94.5
39	Assist Physician	L037D	RN/LPN/MTA					
40	Perform Procedure/Acquire images	L041	RadTech	13		40		15
41	**Post-Service**							
42	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L051A	RN					
43	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1							
44	Clean room/equipment by physician staff	L041B	RadTech	3		3		3
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	L037D	RN/LPN/MTA					
50	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RadTech			4		
51	Review examination with interpreting MD	L041B	RadTech			2		

	A	B	C	D	E	F	G	H
1				**CURRENT INPUTS**		RECOMMENDATION		**CURRENT**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** **REVISED AT MEETING**			**75710**				
3	**Meeting Date:** October 2016 **Tab:** 22 Angiography of the Extremities **Specialty**:Vascular Surgery, Interventional/Radiology, Interventional/Cardiology	**CMS Code**	**Staff Type**	*Angiography, extremity, unilateral, radiological supervision and interpretation*				*Angiograp su*
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**							
52	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RadTech			1		
53	Other Clinical Activity - *specify: doppler precheck*	L041B	RadTech	7				13
54	Other Clinical Activity - *specify: Post procedure film development and hanging of films*	L037D	RN/LPN/MTA					
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		**n/a**		n/a

	A	B	C	D	E	F	G	H
1				**CURRENT INPUTS**		RECOMMENDATION		**CURRENT**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** **REVISED AT MEETING**			**75710**				
3	**Meeting Date:** October 2016 **Tab:** 22 Angiography of the Extremities **Specialty**:Vascular Surgery, Interventional/Radiology, Interventional/Cardiology	**CMS Code**	**Staff Type**	*Angiography, extremity, unilateral, radiological supervision and interpretation*				*Angiograp su*
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**							
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		**n/a**		n/a
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		**n/a**		n/a
58	**End: Patient leaves office**							
59	**POST-SERVICE Period**							
60	**Start: Patient leaves office/facility**							
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					
62	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
69	Other Clinical Activity - *specify:*							
70	**End: with last office visit before end of global period**							
71	**MEDICAL SUPPLIES***	**CODE**	**UNIT**					
72	pack, minimum multi-specialty visit	SA048	pack					
73	pack, moderate sedation	SA044	pack					
74	drape, sterile, c-arm, fluoro	SB008	item	1		1		1
75	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1
76	tray, shave prep	SA067	tray					
77	kit, AccuStick II Introducer System with RO Marker	SA071	kit					
78	cap, surgical	SB001	item					
79	drape, sterile, femoral	SB009	item					
80	drape-towel, sterile 18in x 26in	SB019	item					
81	gloves, sterile	SB024	item					
82	gown, surgical, sterile	SB028	item					
83	mask, surgical, with face shield	SB034	item					
84	shoe covers, surgical	SB039	item					
85	underpad 2ft x 3ft (Chux)	SB044	item					
86	catheter, angiographic, pig-tail	SC008	item					
87	closed flush system, angiography	SC010	item					
88	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item					
89	guidewire, hydrophilic	SD089	item					
90	brush, protected airway specimen	SD141	item					
91	**catheter, microcatheter (selective 3rd order)**	**SD154**	**item**					
92	guidewire, cerebral (Bentson)	SD172	item					
93	**guidewire, steerable (Transcend)**	**SD175**	**item**					
94	blade, surgical (Bard-Parker)	SF007	item					
95	applicator, sponge-tipped	SG009	item					
96	gauze, sterile 4in x 4in	SG055	item					
97	steri-strip (6 strip uou)	SG074	inch					
98	tape, surgical paper 1in (Micropore)	SG079	inch					
99	heparin 1,000 units-ml inj	SH039	ml					
100	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					
101	sodium chloride 0.9% flush syringe	SH065	item					
102	povidone soln (Betadine)	SJ041	ml					
103	**EQUIPMENT**	**CODE**						
104	room, angiography	EL011		9		9		9

	A	B	C	I	J	K	L	M
1				**INPUTS**	RECOMMENDATION			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** REVISED AT MEETING			**75716**			**36247** *Feb 2011*	
3	**Meeting Date:** October 2016 **Tab:** 22 Angiography of the Extremities **Specialty**:Vascular Surgery, Interventional/Radiology, Interventional/Cardiology	**CMS Code**	**Staff Type**	*hy, extremity, bilateral, radiological pervision and interpretation*			*Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery*	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**							
6	**TOTAL CLINICAL LABOR TIME**			**0**	**66**	**0**	**218**	**3**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**4**	**0**	**6**	**0**
8	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*		*0*		*6*	
9	*Rad Tech*	*L041B*	*RadTech*		*4*			
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0**	**62**	**0**	**209**	**0**
11	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*				*79*	
12	*Rad Tech*	*L041B*	*RadTech*		*62*		*8*	
13	*RN*	*L051A*	*RN*				*122*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**3**	**3**
15	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	**0**	*0*	**0**	*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	
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA				3	
20	Schedule space and equipment in facility							
21	Provide pre-service education/obtain consent							
22	Follow-up phone calls & prescriptions							
23	Availability of prior images confirmed	L041B	RadTech		2			
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech		2			
25	Other Clinical Activity - *specify:*							
26	**End: When patient enters office/facility for surgery/procedure**							
27	**SERVICE PERIOD**							
28	**Start: When patient enters office/facility for surgery/procedure:**							
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA				3	
30	Obtain vital signs	L037D	RN/LPN/MTA				5	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				5	
32	Prepare room, equipment, supplies	L041B	RadTech		2		3	
33	Setup scope (non facility setting only)							
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RadTech				2	
35	Other Clinical Activity - specify: *(SEDATE FOR MS/OLD SPREADSHEET)*	L051A	RN				2	
36	**Intra-service**							
37	Assist Physician *(moderate sedation)*	L051A	RN				60	
38	Assist Physician	L041	RadTech					
39	Assist Physician	L037D	RN/LPN/MTA				60	
40	Perform Procedure/Acquire images	L041	RadTech		50			
41	**Post-Service**							
42	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4	L051A	RN				60	
43	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1							
44	Clean room/equipment by physician staff	L041B	RadTech		3		3	
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	L037D	RN/LPN/MTA				3	
50	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RadTech		4			
51	Review examination with interpreting MD	L041B	RadTech		2			

	A	B	C	I	J	K	L	M
1				**INPUTS**	RECOMMENDATION			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** **REVISED AT MEETING**			**75716**			**36247** *Feb 2011*	
3	**Meeting Date:** October 2016 **Tab:** 22 Angiography of the Extremities **Specialty**:Vascular Surgery, Interventional/Radiology, Interventional/Cardiology	**CMS Code**	**Staff Type**	*hy, extremity, bilateral, radiological pervision and interpretation*			*Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery*	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**							
52	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RadTech		1			
53	Other Clinical Activity - *specify: doppler precheck*	L041B	RadTech					
54	Other Clinical Activity - *specify: Post procedure film development and hanging of films*	L037D	RN/LPN/MTA				3	
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**		n/a	

	A	B	C	I	J	K	L	M
1				**INPUTS**	RECOMMENDATION			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** **REVISED AT MEETING**			**75716**			**36247** *Feb 2011*	
3	**Meeting Date:** October 2016 **Tab:** 22 Angiography of the Extremities **Specialty**:Vascular Surgery, Interventional/Radiology, Interventional/Cardiology	**CMS Code**	**Staff Type**	*hy, extremity, bilateral, radiological pervision and interpretation*			*Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery*	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**							
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**		n/a	
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**		n/a	
58	**End: Patient leaves office**							
59	**POST-SERVICE Period**							
60	**Start: Patient leaves office/facility**							
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA				3	3
62	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
69	Other Clinical Activity - *specify:*							
70	**End: with last office visit before end of global period**							
71	**MEDICAL SUPPLIES***	**CODE**	**UNIT**					
72	pack, minimum multi-specialty visit	SA048	pack				1	
73	pack, moderate sedation	SA044	pack				1	
74	drape, sterile, c-arm, fluoro	SB008	item		1			
75	disinfectant, surface (Envirocide, Sanizide)	SM013	oz		1			
76	tray, shave prep	SA067	tray				1	
77	kit, AccuStick II Introducer System with RO Marker	SA071	kit				1	
78	cap, surgical	SB001	item				2	
79	drape, sterile, femoral	SB009	item				1	
80	drape-towel, sterile 18in x 26in	SB019	item				4	
81	gloves, sterile	SB024	item				1	
82	gown, surgical, sterile	SB028	item				1	
83	mask, surgical, with face shield	SB034	item				2	
84	shoe covers, surgical	SB039	item				2	
85	underpad 2ft x 3ft (Chux)	SB044	item				1	
86	catheter, angiographic, pig-tail	SC008	item				1	
87	closed flush system, angiography	SC010	item				1	
88	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item				2	
89	guidewire, hydrophilic	SD089	item				1	
90	brush, protected airway specimen	SD141	item				1	
91	**catheter, microcatheter (selective 3rd order)**	**SD154**	**item**				**1**	
92	guidewire, cerebral (Bentson)	SD172	item				1	
93	**guidewire, steerable (Transcend)**	**SD175**	**item**				**1**	
94	blade, surgical (Bard-Parker)	SF007	item				1	
95	applicator, sponge-tipped	SG009	item				4	
96	gauze, sterile 4in x 4in	SG055	item				2	
97	steri-strip (6 strip uou)	SG074	inch				1	
98	tape, surgical paper 1in (Micropore)	SG079	inch				6	
99	heparin 1,000 units-ml inj	SH039	ml				5	
100	lidocaine 1%-2% inj (Xylocaine)	SH047	ml				10	
101	sodium chloride 0.9% flush syringe	SH065	item				2	
102	povidone soln (Betadine)	SJ041	ml				60	
103	**EQUIPMENT**	**CODE**						
104	room, angiography	EL011			9		70	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 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 (E/M) 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 these services be surveyed for the October 2016 RUC meeting.

76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
The RUC reviewed the survey data from 66 ophthalmologists and optometrists for CPT coded 76510 and determined that a work RVU of 0.70, which is between the median and 25th% of the survey results, appropriately accounts for the work required to perform this service . The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 15 minutes, and immediate post-service time of 2 minutes. The RUC noted that the specialty society appropriately decreased in the pre-service and immediate post-service time since this service is typically performed with an Evaluation and Management (E/M) visit. The RUC noted that the median work RVU was too high given the decrease in intra-service time. The RUC recommends directly crosswalking CPT code 76510 to 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU=0.70, intra-service time of 15 minutes) as both services require the same physician work and intra-service time of 15 minutes.

The RUC compared the surveyed service to reference service 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 and 10 minutes intra-service time) and agreed that the surveyed service is more intense and complex on all measures examined, requires more physician work and time, thus is appropriately valued higher. The RUC also compared this service to 76770

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Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete (work RVU=0.74, intra-service time of 11 minutes) and 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU = 0.76, intra-service time of 10 minutes) and determined that these services are similar and support the recommended value for 76510.**The RUC recommends a work RVU of 0.70 for CPT code 76510.**

76511 Ophthalmic ultrasound, diagnostic; quantitative A-scan only
The RUC reviewed the survey data from 36 ophthalmology physicians and optometric providers and determined that the survey 25th percentile work RVU of 0.64 appropriately accounts for the work required to perform this service. RUC discussed that the median survey response was too high given the 5 minute decrease in intra-service time. The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 10 minutes, and immediate post-service time of 2 minutes. The RUC noted that the specialty society appropriately decreased in the pre-service and immediate post-service time since this service is typically performed with an Evaluation and Management (E/M) visit.

To validate a work RVU of 0.64, the RUC compared the survey code to top key reference code 92002 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (work RVU = 0.88 and 15 minutes intra-service time) and noted that the survey code has lower intra-service time, and the survey respondents indicated that the survey code is somewhat more to much more intense to perform, further justifying this valuation. The RUC compared the surveyed service to reference service 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)* (work RVU = 0.61 and 20 minutes intra-service time) and agreed that the surveyed service is more intense as indicated by 84% of the survey respondents and this appropriately valued slightly higher. The RUC also compared the surveyed code to MPC code 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (work RVU=0.65, intra-service time of 5.5 minutes) and similar service 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (work RVU=0.69, intra-service time of 10 minutes). **The RUC recommends a work RVU of 0.64 for CPT code 76511.**

76512 Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
The RUC reviewed the survey data from 94 ophthalmology physicians and optometric providers and determined that the survey 25th percentile work RVU of 0.56 appropriately accounts for the work required to perform this service. RUC discussed that the median survey value was too high given the 5 minute decrease in intra-service time. The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 11 minutes, and immediate post-service time of 2 minutes. The RUC noted that the specialty society appropriately decreased in the pre-service and immediate post-service time since this service is typically performed with an Evaluation and Management (E/M) visit. The

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RUC compared the surveyed service to MPC codes 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (work RVU=0.65, intra-service time of 5.5 minutes) and 88112 *Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal* (work RVU = 0.56 and 15 minutes intra-service time) and determined that these services all require similar physician work and support the recommended value. For additional support, the RUC referenced similar service 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (work RVU=0.69, intra-service time of 10 minutes). **The RUC recommends a work RVU of 0.56 for CPT code 76512.**

Practice Expense:
The RUC reviewed and accepted the direct PE inputs as modified by the Practice Expense Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76510 (f)	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	XXX	0.70
76511 (f)	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	XXX	0.64
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	XXX	0.56

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76510 Tracking Number Original Specialty Recommended RVU: **0.76**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is found to have a mass in the temporal retina and is referred for diagnositc ultrasound 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% , 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? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Study all retinal photographs, retinal drawings, scans, and fluorescein angiograms. Assess the referring physician's clinical impression. Calibrate ultrasound A and B probes. Place patient in supine position on examination table. Anesthetize patient's cornea. Apply ultrasound gel to the cornea/sclera.

Description of Intra-Service Work: Place the B-scan probe on the cornea/sclera and localize the lesion. Take multiple views in all quadrants. Document any shadowing and reflected patterns. Evaluate the shape, internal nature of the mass, and document possible scleral extension. Evaluate and document the presence and nature of vitreous cells and overlying retinal detachment. Obtain multiple images and perform clinical correlation. Remove the B-scan probe and irrigate the patient's cornea and lid to remove the ultrasound gel. Place a scleral shell with tubing on the patient's globe between the lids, fill the shell with coupling fluid, then place an A-scan probe in the shell with the beam passing perpendicularly through the lesion. Examine multiple images in all quadrants to determine diameter, elevation, and nature of internal reflectivity. Determine possible breach of Bruch's membrane and retinal or scleral extension. Document appropriate views during the scan. Integrate ultrasound findings with clinical presentation and formulate clinical diagnosis. Clean and dry the eyelids.

Description of Post-Service Work: Provide lubricants and instruct the patient to call if symptoms of corneal irritation occur. Review results with the patient and/or family. Review the images and provide a report for the referring physician, which includes interpretation, possible diagnoses, and recommendations for additional diagnostic studies.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	David Glasser, M.D. AAO, John Thompson, M.D. ASRS				
Specialty(s):	Ophthalmology				
CPT Code:	76510				
Sample Size:	1019	**Resp N:**	66	**Response:** 6.4 %	
Description of Sample:	A random sample of members were pull from the AAO, Retina Socitey and ASRS databases				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**25.00**	56.00	1000.00
Survey RVW:	0.39	0.65	**0.98**	1.44	2.95
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76510	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92014	XXX	1.42	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	981,043

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	9,045,179

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99224	XXX	0.76	**RUC Time**

CPT Descriptor Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (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:** 37.8 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76510	Top Key Reference CPT Code: 92014	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	2.00	5.00	3.00
Median Intra-Service Time	15.00	24.00	10.00
Median Immediate Post-service Time	2.00	8.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**19.00**	**37.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.44	1.00

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	1.08
Urgency of medical decision making	1.08	1.62

Technical Skill/Physical Effort (Mean)

Technical skill required	1.36	1.38
Physical effort required	0.92	1.15

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.20	1.38
Outcome depends on the skill and judgment of physician	1.48	1.31
Estimated risk of malpractice suit with poor outcome	1.52	1.38

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.24	1.46

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 76510 *Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter* is part of a family of codes associated with 76512, which was identified by CMS as a high expenditure XXX procedure. CPT 76510 combines the imaging performed in 76511 and 76512. It was last reviewed by the RUC in 2004.

A random survey of AAO and ASRS members had 66 respondents, 97% of whom found the vignette typical. The median WRVU was 0.98 and the 25th percentile was 0.65. Median IST was 15 minutes. The current value of the code is 1.55 WRVU. The primary reference service, chosen by 38%, was 92014, *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (RUC February 2007) with a WRVU of 1.42 and 24 minutes IST. The second reference service, chosen by 20%, 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 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 76510. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 15 minutes is half of the current time of 30 minutes. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 7 minutes to

2 minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. **We recommend a WRVU of 0.76, between the survey's 25th percentile and median.**

This value is supported by MPC code 99231 *Subsequent hospital care… straightforward or of low complexity* (RUC February 2006) with 0.76 WRVU, an IST of 10 minutes and total time of 20 minutes. The value is also supported by CPT code 76770, *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete* (RUC October 2013) with 0.74 WRVU and CPT code 99224, *Subsequent observation care, per day… straightforward or of low complexity* (RUC June 2009), with 0.76 WRVU. Both of these codes have an IST of 10 minutes and total time of 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	5.	92002	5	15	5	25	.88	XXX
5.	6.	92004	5	25	10	40	1.82	XXX
6.	7.	92012	5	15	5	25	.92	XXX
7.	8.	92014	5	24	8	37	1.42	XXX
8.	9.	99212	2	10	4	16	.48	XXX
9.	10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 24447

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 22254 Percentage 91.02 %

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? 16,298 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 14836 Percentage 91.02 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
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 76510

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	76510	**# of Respondents:**	69
Survey Code Descriptor:	Ophthalmic Ultrasound, diagnostic, B-scan and quantitative A-scan performed during the same patient encounter		

Top Ref Code:	92014	**# of Respondents:**	25	**% of Respondents:**	36.23
Top Ref Code Descriptor:	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits				

		Survey Code Compared to Top Ref Code Survey Code is:				
		Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall Intensity and Complexity:		0%	0%	12%	52%	36%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**		
		4%	48%	44%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**		
		12%	32%	56%		
	Urgency of medical decision making	**Less**	**Identical**	**More**		
		4%	24%	68%		
Technical Skill:		**Less**	**Identical**	**More**		
		0%	12%	88%		
Physical Effort:		**Less**	**Identical**	**More**		
		8%	24%	60%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**		
		0%	24%	76%		
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**		
		0%	12%	88%		
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**		
		0%	8%	92%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76511 Tracking Number Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.64**
Global Period: XXX RUC Recommended RVU: **0.64**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; quantitative A-scan only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old white male is found to have a mass in the temporal retina and is referred for a diagnostic A-scan to include measurement of the height, internal reflectivity, and dimensions of the lesion.

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? 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: All retinal photographs, retinal drawings, scans, and fluorescein angiograms are studied. The referring physician's clinical impression is assessed. The ultrasound machine is calibrated. The patient's cornea is anesthetized.

Description of Intra-Service Work: The lesion is inspected. The physician places a scleral shell with tubing on the patient’s globe between the lids, fills the shell with coupling fluid, then places an A-scan probe in the shell with the beam passing perpendicularly through the lesion. Multiple images in all quadrants are examined to determine diameter, elevation, and nature of internal reflectivity. Possible breach of Bruch's membrane and scleral extension is determined. Appropriate views are documented during the scan. Obtain multiple images and perform clinical correlation. Integration of ultrasound findings with clinical presentation is evaluated and clinical diagnosis is formulated. The patient’s eyelids are cleaned and dried.

Description of Post-Service Work: Lubricants are provided and the patient is told to call if symptoms of corneal irritation occur. The results are reviewed with the patient and family. The physician reviews the images and provides a report for the referring physician which includes interpretation, possible diagnoses, and recommendations for further diagnostic studies.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	David Glasser, M.D. AAO, John Thompson, M.D ASRS				
Specialty(s):	Ophthalmology				
CPT Code:	76511				
Sample Size:	1012	**Resp N:**	36	**Response:** 3.5 %	
Description of Sample:	A random sample of members were pulled from the AAO, Retina Society and ASRS databases.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	5.00	**10.00**	30.00	60.00
Survey RVW:	0.30	0.64	**0.83**	1.03	2.00
Pre-Service Evaluation Time:			**7.50**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76511	**Recommended Physician Work RVU: 0.64**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92002	XXX	0.88	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92100	XXX	0.61	**RUC Time**

CPT Descriptor 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)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
76815	XXX	0.65	**RUC Time**	16,118

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	953,791

CPT Descriptor 2 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Other Reference CPT Code	Global	Work RVU	Time Source
77300	XXX	0.62	**RUC Time**

CPT Descriptor Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76511	**Top Key Reference CPT Code:** 92002	**2nd Key Reference CPT Code:** **92100**
Median Pre-Service Time	3.00	5.00	0.00
Median Intra-Service Time	10.00	15.00	20.00
Median Immediate Post-service Time	2.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**25.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.58	1.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	1.17
Urgency of medical decision making	1.42	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.58	1.33

Physical effort required	1.08	0.83

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.08	1.33
Outcome depends on the skill and judgment of physician	1.67	1.50
Estimated risk of malpractice suit with poor outcome	1.50	1.67

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	1.25	1.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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 76511 *Ophthalmic ultrasound, diagnostic; quantitative A-scan only* is part of a family of codes associated with 76512, which was identified by CMS as a high expenditure XXX procedure. It was last reviewed by the RUC in 2004.

A random survey of AAO and ASRS members had 36 respondents, 92% of whom found the vignette typical. The median WRVU was 0.83 and the 25th percentile was 0.64. Median IST was 10 minutes. The current value of the code is 0.94 WRVU. The primary reference service, chosen by 33%, was 92002, *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (RUC February 2007) with a WRVU of 0.88 and 15 minutes IST. The second reference service, chosen by 17%, was 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)* (RUC September 2011) with a WRVU of 0.61 and 20 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 76511. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 10 minutes is lower than the current time of 15 minutes. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 7.5 minutes to 3s minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. **We recommend a WRVU of 0.64, the survey's 25th percentile.**

This value is supported by MPC code 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (RUC April 2002) with 0.65 WRVU, an IST of 5.5 minutes, and total time of 15.5 minutes. It is also supported by CPT code

76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (RUC October 2013) with 0.69 WRVU, an IST of 10 minutes and total time of 20 minutes and CPT code 77300, *Basic radiation dosimetry calculation…, only when prescribed by the treating physician* (RUC April 2014) with 0.62 WRVU, and an IST and total times of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	5.	92002	5	15	5	25	.88	XXX
5.	6.	92004	5	25	10	40	1.82	XXX
6.	7.	92012	5	15	5	25	.92	XXX
7.	8.	92014	5	24	8	37	1.42	XXX
8.	9.	99212	2	10	4	16	.48	XXX
9.	10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7869
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation only

Specialty Ophthalmology Frequency 6882 Percentage 87.45 %

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? 5,246
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 4588 Percentage 87.45 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

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 76511

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	76511	**# of Respondents:**	36
Survey Code Descriptor:	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		

Top Ref Code:	92002	**# of Respondents:**	12	**% of Respondents:**	33%
Top Ref Code Descriptor:	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is: 92002**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	16.6%	41.7%	41.7%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	8%	42%	50%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	25%	75%
	Urgency of medical decision making	0%	17%	83%
Technical Skill:		0%	8%	92%
Physical Effort:		8%	25%	67%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	33%	67%
	Outcome depends on the skill and judgment of physician	0%	8%	92%
	Estimated risk of malpractice suite with poor outcome	0%	8%	92%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76512 Tracking Number Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.56**
Global Period: XXX RUC Recommended RVU: **0.56**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male is found to have elevated retina in the temporal posterior segment and is referred for a diagnostic contact B scan.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Study prior retinal images, retinal drawings, scans, and fluorescein angiograms. Assess referring physician's clinical impression. Calibrate the ultrasound machine. Explain test to patient. Position the patient. Anesthetize patient's cornea and apply ultrasound gel.

Description of Intra-Service Work: Place an ultrasound probe on the lids or directly on the cornea/sclera with the beam passing perpendicularly through the lesion. Examine multiple images in all quadrants to determine diameter, elevation, and nature of internal reflectivity. Evaluate and document the presence and nature of vitreous cells and overlying retinal detachment. Determine possible breach of Bruch's membrane and scleral extension. Document appropriate views during the scan. Obtain multiple images and perform clinical correlation. Irrigate patient's cornea and lid to remove ultrasound gel. Integrate ultrasound findings with clinical presentation and formulate clinical diagnosis.

Description of Post-Service Work: Provide lubricants and instruct the patient to call if symptoms of corneal irritation occur. Review results with the patient and/or family. A report for the referring physician is prepared that includes interpretation, possible diagnoses, and recommendations for additional diagnostic studies if required.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	David Glasser, M.D AAO, John Thompson, M.D ASRS, Charlie Fitzpatrick, O.D. AOA		
Specialty(s):	Ophthalmology (AAO/ASRS) and Optometry (AOA)		
CPT Code:	76512		
Sample Size:	2012	**Resp N:** 94	**Response:** 4.6 %
Description of Sample:	A random sample of members were pulled from the AAO, ASRS and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	4.00	25.00	**42.00**	60.00	960.00
Survey RVW:	0.35	0.56	**0.95**	1.25	3.00
Pre-Service Evaluation Time:			**5.50**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**11.00**	15.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76512	**Recommended Physician Work RVU: 0.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92002	XXX	0.88	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92014	XXX	1.42	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the 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
76815	XXX	0.65	**RUC Time**	16,118

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	953,791

CPT Descriptor 2 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Other Reference CPT Code	Global	Work RVU	Time Source
76856	XXX	0.69	**RUC Time**

CPT Descriptor Ultrasound, pelvic (nonobstetric), real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (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:** 27.6 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 27.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76512	**Top Key Reference CPT Code:** 92002	**2nd Key Reference CPT Code:** **92014**
Median Pre-Service Time	3.00	5.00	5.00
Median Intra-Service Time	11.00	15.00	24.00
Median Immediate Post-service Time	2.00	5.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**16.00**	**25.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.38	0.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.58	0.81
Urgency of medical decision making	1.15	1.27
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.42	1.42

Physical effort required	0.62	0.77

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.00	0.85
Outcome depends on the skill and judgment of physician	1.38	1.46
Estimated risk of malpractice suit with poor outcome	1.38	1.19

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	1.00	1.12

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 76512 *Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)* was identified by CMS as a high expenditure XXX procedure. It was last reviewed by the RUC in 2004.

A random survey of AAO, ASRS and AOA members had 94 respondents, 80% of whom found the vignette typical. The median WRVU was 0.95 and the 25th percentile was 0.56. Median IST was 11 minutes. The current value of the code is 0.94 WRVU. The primary reference service, chosen by 28%, was 92002, *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (RUC February 2007) with a WRVU of 0.88 and 15 minutes IST. The second reference service, chosen by 28%, was 92014, *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (RUC February 2007) with a WRVU of 1.42 and 24 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 76512. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 11 minutes is lower than the current time of 15 minutes. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 5.5 minutes to 3 minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. When last reviewed in 2004, the RUC agreed with the specialty society's recommendation that CPT 76511 and 76512 had equivalent intensities and technical skill. We believe that that has not changed. Given the almost identical survey times for 76511 and 76512, we **recommend the same WRVU of 0.64, between the survey's 25th percentile and median.**

This value is supported by MPC code 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (RUC April 2002) with 0.65 WRVU, an IST of 5.5 minutes, and total time of 15.5 minutes. It is also supported by CPT code 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (RUC October 2013) with 0.69 WRVU, an IST of 10 minutes and total time of 20 minutes and CPT code 77300, *Basic radiation dosimetry*

calculation…, only when prescribed by the treating physician (RUC April 2014) with 0.62 WRVU, and an IST and total times of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	4.	92002	5	15	5	25	.88	XXX
5.	5.	92004	5	25	10	40	1.82	XXX
6.	6.	92012	5	15	5	25	.92	XXX
7.	7.	92014	5	24	8	37	1.42	XXX
8.	8.	99212	2	10	4	16	.48	XXX
9.	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 <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 286813
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 244278 Percentage 85.16 %

Specialty Optometry Frequency 41702 Percentage 14.53 %

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? 191,209 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 162852 Percentage 85.16 %

Specialty Optometry Frequency 27801 Percentage 14.53 %

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 76512

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	76512	**# of Respondents:**	94
Survey Code Descriptor:	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		

Top Ref Code:	92002	**# of Respondents:**	26	**% of Respondents:**	27.7%
Top Ref Code Descriptor:	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is: 92002**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	4%	12%	54%	30%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	19%	19%	62%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	12	23%	65%
	Urgency of medical decision making	0%	15%	85%
Technical Skill:		0%	8%	92%
Physical Effort:		4%	19%	77%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	4%	19%	77%
	Outcome depends on the skill and judgment of physician	0%	15%	85%
	Estimated risk of malpractice suite with poor outcome	0%	12%	88%

SS Rec Summary

ISSUE: Ophthalmic Ultrasound

TAB: 23

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	92014	Comprehensive eye exam; established patient		0.047			1.42			37	5					24			8
2nd REF	92083	Visual Field		0.043			0.50			13	3					10			
CURRENT	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		0.000			1.55			30	5					30			10
SVY	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	66	0.040	0.39	0.65	0.98	1.44	2.95	32	7			5	10	15	20	60	10
REC	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		0.039			0.70			20	3					15			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	92002	Eye exam; intermediate, new patient		0.044			0.88			25	5					15			5
2nd REF	92100	Serial Tonometry		0.031			0.61			20						20			
CURRENT	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		0.040			0.94			30	5					15			10
SVY	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	36	0.044	0.30	0.64	0.83	1.03	2.00	27.5	7.5			4	10	10	15	30	10
REC	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		0.053			0.64			15	3					10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	92002	Eye exam; intermediate, new patient		0.044			0.88			25	5					15			5
2nd REF	92014	Comprehensive eye exam; established patient		0.047			1.42			37	5					24			8
CURRENT	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		0.033			0.94			35	10					15			10
SVY	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	94	0.055	0.35	0.56	0.95	1.25	3.00	26.5	5.5			3	10	11	15	60	10
REC	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		0.041			0.56			16	3					11			2

Tab 23
Tab Number

Ophthalmic Ultrasound
Issue

76510-76512
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

September 6, 2016
Date

TAB 2-3
Tab Number

OPHTHALMIC ULTRASOUND
Issue

76512
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

CHARLES FITZPATRICK MD
Printed Signature

AOA
Specialty Society

8-27-16
Date

23
Tab Number

OPHTHALMIC ULTRASOUND
Issue

(76510, 76511, 76512)
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

MARK SHIREY, O.D.
Printed Signature

AMERICAN OPTOMETRIC ASSOCIATION
Specialty Society

8-30-2016
Date

Tab 23
Tab Number

Ophthalmic Ultrasound
Issue

76510-76512
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

John T. Thompson, M.D.
Printed Signature

American Society of Retina Specialists
Specialty Society

September 7, 2016
Date

CPT Code: 76510
Specialty Society('s) American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

Global Period: XXX Meeting Date: October, 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 queried other physicians who have the appropriate expertise 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: Current code (76510).

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: **1 min**
  - This time is spent with the technician greeting the patient, reviewing the patient records and history, and 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, entering patient demographic information into the ultrasound machine, 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 measure the lesion in question. This code requires both b-scan (EQ247) and quantitative a-scan (EQ246) technology. The a-scan machine (EQ246) must be capable of precision measurements, as the physician's management decisions can depend on small differences in tumor size.
- 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 physician can perform the test.

Intra-Service Clinical Labor Activities:

- Although typical practice used to be combined physician and technician work with the physician performing the test while the technician actively assists, and although the technician still is involved in a large number of practices, the actual performance of the test is now typically done just by the physician.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
  - The room and instruments are cleaned and closed.
- Label & file photos/slides w/ patient chart: **3 min**
  - This time is spent uploading and ordering photographs from the procedure into the medical record.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Ophthalmic ultrasound, diagnostic; quantitative A-scan only

Global Period: _XXX_ Meeting Date: _October, 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 queried other physicians who have the appropriate expertise 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: Current code (76511).

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: **1 min**
  - This time is spent with the technician greeting the patient, reviewing the patient records and history, and 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, entering patient demographic information into the ultrasound machine, 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 measure the lesion in question. This code requires quantitative a-scan (EQ246) technology. The a-scan machine (EQ246) must be capable of precision measurements, as the physician's management decisions can depend on small differences in tumor size.
- 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 physician can perform the test.

Intra-Service Clinical Labor Activities:

- Although typical practice used to be combined physician and technician work with the physician performing the test while the technician actively assists, and although the technician still is involved in a large number of practices, the actual performance of the test is now typically done just by the physician.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
  - The room and instruments are then cleaned and closed.
- Label & file photos/slides w/ patient chart: **3 min**
  - This time is spent uploading and ordering photographs from the procedure into the medical record.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

Global Period: XXX Meeting Date: October, 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 queried many other physicians who have the appropriate expertise 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: Current code (76512).

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:

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.

Pre-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available: **1 min**
    - This time is spent with the technician greeting the patient, reviewing the patient records and history, and 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.
- 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 measure the lesion in question.
- 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 physician can perform the test.

Intra-Service Clinical Labor Activities:

- Although typical practice used to be combined physician and technician work with the physician performing the test while the technician actively assists, and although the technician still is involved in a large number of practices, the actual performance of the test is now typically done just by the physician.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
  - The room and instruments are cleaned and closed.
- Label & file photos/slides w/ patient chart: **3 min**
  - This time is spent uploading and ordering photographs from the procedure into the medical record.

	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.**			**76510**		**76510**		**76511**		**76511**	
3	**Meeting Date: 10/2016 Tab: 23; Ophthalmic Ultrasound Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient		Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient		Ophthalmic ultrasound, diagnostic; quantitative A-scan only		Ophthalmic ultrasound, diagnostic; quantitative A-scan only	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
6	**TOTAL CLINICAL LABOR TIME**			**43.0**	**0.0**	**15.0**	**0.0**	**32.0**	**0.0**	**15.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**5.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**38.0**	**0.0**	**15.0**	**0.0**	**27.0**	**0.0**	**15.0**	**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	L038A	COMT/COT/RN	**5**				**5**			
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Availability of prior images confirmed										
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist										
19	Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/RN	**3**		**1**		**3**		**1**	
24	Obtain vital signs	L038A	COMT/COT/RN	**3**				**3**			
25	Provide pre-service education/obtain consent	L038A	COMT/COT/RN	**3**		**2**		**3**		**2**	
26	Prepare room, equipment, supplies	L038A	COMT/COT/RN	**3**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/RN/CST			**2**				**2**	
29	Sedate/apply anesthesia										
30	Other Clinical Activity - specify: calibrate ophthalmic ultrasound machine	L038A	COMT/COT/RN/CST			**2**				**2**	
31	Other Clinical Activity - specify: review charts	L038A	COMT/COT/RN	**3**				**3**			
32	**Intra-service**										
33	Perform test	L038A	COMT/COT/RN	**20**				**10**			
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
37	Clean room/equipment by physician staff	L038A	COMT/COT/RN	**3**		**3**		**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	Technologist QC's images in PACS, checking for all images, reformats, and dose page										
44	Review examination with interpreting MD										
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue										
46	Other Clinical Activity - *specify: • Label & file photos/slides w/ patient chart*	L038A	COMT/COT/RN/CST			**3**				**3**	
47	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.**			**76510**		**76510**		**76511**		**76511**	
3	**Meeting Date: 10/2016** **Tab: 23; Ophthalmic Ultrasound** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient		Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient		Ophthalmic ultrasound, diagnostic; quantitative A-scan only		Ophthalmic ultrasound, diagnostic; quantitative A-scan only	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
50	**End: Patient leaves office**										
51	**POST-SERVICE Period**										
52	**Start: Patient leaves office/facility**										
53	Conduct phone calls/call in prescriptions										
54	***Office visits: List Number and Level of Office 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**
61	Other Clinical Activity - *specify:*										
62	**End: with last office visit before end of global period**										
63	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
64	pack, ophthalmology visit (no dilation)	SA050	pack	**1**				**1**			
65	Goniosol 2.5% ophth	SH037	mL	**10**		**10**		**5**		**5**	
66	film, type 667 Polaroid (per exposure)	SK032	item	**20**				**10**			
67	**scleral shell tubing kit**	(NEW)	item			**1**				**1**	
68											
69	**EQUIPMENT**	**CODE**									
70	ultrasonic biometry, B-scan	EQ247		**38**		**30**					
71	ultrasonic biometry, A-scan, quantitative	EQ246		**38**		**30**		**27**		**25**	
72	lane, screening (oph)	EL006		**38**				**27**			
73	chair with headrest, exam, reclining	EF008				**30**				**25**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

MRI Breast

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 specialty societies indicated they will survey these services for the October 2016 RUC meeting.

In preparation to survey CPT codes 77058 and 77059, the specialty societies noted that these codes do not parallel the structure of other breast imaging families. For instance, the unilateral and bilateral coding language is not in alignment. Also, both procedures should include computer-aided detection (CAD). The Code Change Application (CCA) will be submitted for the upcoming February 2017 CPT Editorial Panel meeting. **The RUC recommends CPT codes 77058 and 77059 be referred to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77058 (f)	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	XXX	Refer to CPT Editorial Panel
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	XXX	Refer to CPT Editorial Panel

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ACR AMERICAN COLLEGE OF RADIOLOGY
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September 6, 2016

Peter K. Smith, MD
Chair
Relative Value Scale Update Committee
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

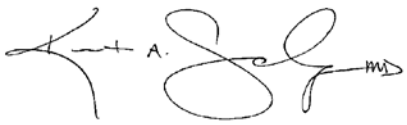
Re: Tab 24, MR Breast (77058-77059)

Dear Dr. Smith:

CPT Code 77059 (*Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral*) was identified on the CY 2016 MPFS Table 8 List of Potentially Misvalued Codes Identified Through High Expenditure by Specialty Screen. The ACR expanded the family to include CPT code 77058 (*Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral*).

While we did prepare the survey materials, the ACR instead, decided to refer the MR breast codes to CPT for further review and action. We did not survey the MR breast codes, 77058 and 77059, for the October RUC meeting. We plan to submit the CCP for the February 2017 CPT meeting.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor

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AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Cardiac Electrophysiology Device Monitoring Services

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 93280, 93288, 93293, 93294, 93295, and 93296 were identified and the specialty societies indicated they will survey the entire family services for the October 2016 RUC meeting.

To survey this large family of services, the specialty societies obtained the RUC's approval to complete traditional surveys for the three benchmark codes 93280, 93283 and 93288. These services were selected because they are commonly performed and well understood, encompassing the two main devices, pacemakers and implantable cardioverter defibrillator s (ICDs). Respondents then surveyed the remaining services for physician time and work RVU.

Pacemaker Services

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
The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.65, below the survey 25th percentile work RVU of 0.70, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 7 minutes immediate post-service time. The specialty societies indicated and the RUC agreed that the physician work and time has not changed since this service was last reviewed. For additional support the RUC referenced MPC code 76830 *Ultrasound, transvaginal* (work RVU = 0.69 and 10 minutes intra-service time) and similar service 95937 *Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method* (work RVU = 0.65 and 12 minutes intra-service time). **The RUC recommends a work RVU of 0.65 for CPT code 93279.**

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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

The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.77, similar to the survey 25th percentile work RVU of 0.75, appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The specialty societies indicated and the RUC agreed that the physician work has not changed since this service was last reviewed. The RUC compared 93280 to the top to key reference services 93750 *Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report* (work RVU = 0.92 and 30 minutes of intra-service time) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.97 and 15 minutes of intra-service time) and determined that this service requires slightly less physician work to complete. For additional support the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75 and 20 minutes intra-service time) and 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85 and 15 minutes intra-service time). **The RUC recommends a work RVU of 0.77 for CPT code 93279.**

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

The RUC reviewed the survey results from 78 cardiologists and determined that a crosswalk to a work RVU of 0.85 appropriately accounts for the work required to perform this service. The RUC noted that the intra-service time had decreased by 5 minutes, therefore the current value of 0.90 and survey 25th percentile work RVU of 0.89 were slightly high given the decrease in time. The RUC recommends 7 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC recommended to crosswalk the work RVU to MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85 and 15 minutes intra-service time). **The RUC recommends a work RVU of 0.85 for CPT code 93281.**

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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
The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.43, below the survey 25th percentile work RVU of 0.60 appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 7 minutes immediate post-service time. The specialty societies indicated and the RUC agreed that the physician work and time has not changed since this service was last reviewed. The RUC noted that 93288 is parallel to the other interrogation codes 93290 and 93292, which all require the same physician work and 10 minutes of intra-service time. For additional support the RUC referenced MPC code 29540 *Strapping; ankle and/or foot* (work RVU = 0.39 and 9 minutes intra-service time) and similar service 75902 *Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation* (work RVU = 0.39 and 10 minutes intra-service time). **The RUC recommends a work RVU of 0.43 for CPT code 93288.**

Implantable Cardioverter Defibrillator (ICD) Services

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
The RUC reviewed the survey results from 78 cardiologists and determined that the current value 0.85, which is the survey 25th percentile work as well, appropriately accounts for the work required to perform this service. The RUC recommends 6 minutes pre-service time, 12 minutes intra-service time and 10 minutes immediate post-service time. For additional support the RUC referenced MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81 and 11 minutes intra-service time) which appropriately requires slightly less physician work and time. **The RUC recommends a work RVU of 0.85 for CPT code 93282.**

93283Programming 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
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 1.15, in between the survey 25th percentile work RVU of 0.91 and survey median work RVU of 1.25, appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC compared 93283 to the top to key reference services 93750 *Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report* (work RVU = 0.92 and 30 minutes of intra-service time) and 99238 *Hospital discharge day management; 30 minutes or less* (work RVU = 1.28 and 20 minutes of intra-service time) and determined that this service requires slightly less physician work to complete. For additional support the RUC referenced MPC codes 70460 *Computed tomography, head or brain; with contrast material(s)* (work RVU = 1.13 and 12 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 1.15 for CPT code 93283.**

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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
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 1.25, which is between the survey 25th percentile work of 0.95 and survey median of 1.40, appropriately accounts for the work required to perform this service. The RUC recommends 9 minutes pre-service time, 18 minutes intra-service time and 10 minutes immediate post-service time. For additional support the RUC referenced MPC code 99238 *Hospital discharge day management; 30 minutes or less* (work RVU = 1.28 and 20 minutes of intra-service time), which appropriately requires similar physician work and time. **The RUC recommends a work RVU of 1.25 for CPT code 93284.**

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
The RUC reviewed the survey results from 78 cardiologists and determined that the survey 25th percentile work RVU of 0.75 appropriately accounts for the work required to perform this service. The intra-service time had decreased by 5 minutes from the last time it was surveyed therefore, the RUC determined that decreasing the work RVU from the current 0.92 to the 25th percentile appropriately addresses the decrease in time, while maintaining rank order among these service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 9 minutes immediate post-service time. For additional support the RUC referenced MPC code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75 and 10 minutes intra-service time) which appropriately requires the same physician work. **The RUC recommends a work RVU of 0.75 for CPT code 93289.**

Peri-Procedural Services

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
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.30, which is below the survey 25th percentile work of 0.60, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 7 minutes immediate post-service time, which is the same total time as it is currently. The RUC noted that 93286 is similar to 93279 (recommended work RVU =0.65) and is valued approximately half the physician work of 93279 because 93286 will be reported peri-procedurally, once before the procedure and once after the procedure. Additionally, code 93286 and 93279 are comparable because both involve interrogation and programming of a pacemaker device. The RUC determined a lesser relative value for 93286 is appropriate because this service involves only interrogating certain parameters and programming certain parameters. For additional support the RUC referenced comparable code 94726 *Plethysmography for determination of lung volumes and, when performed, airway resistance* (work RVU = 0.26 and 5 minutes of intra-service time) which requires less physician work and time. **The RUC recommends a work RVU of 0.30 for CPT code 93286.**

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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
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.45, which is below the survey 25th percentile work of 0.70, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 10 minutes immediate post-service time. The RUC determined that while this service is similar to 93282 (recommended work RVU= 0.85), due to both involving interrogation and programming of a defibrillator device, the surveyed code should be valued approximately half the work because 93287 will be reported peri-procedurally, once before the procedure and once after the procedure.For additional support the RUC referenced comparable code 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)* (work RVU = 0.54 and 15 minutes of intra-service time) which requires more physician work and time. **The RUC recommends a work RVU of 0.45 for CPT code 93287.**

Other Cardiac Device Services

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
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.52, which is below the survey 25th percentile work of 0.60, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time. The RUC questioned why 93285 is more intense than 93292 (recommended work RVU = 0.43), as they have the same physician time. The specialty society indicated that the loop recorder, 93285, has multiple parameters to program to make sure it is sensing and detecting appropriately. There are many different ways to program depending on what type of rhythm the physician is looking for, bradyarrhythmia, tachyarrhythmia or irregular arrhythmia and sensing needs to be adjusted based on where it is placed and the movement of the patient. Given this explanation and supported by the IWPUT of 0.030, the RUC determined 93285 is more intense than 93292. For additional support the RUC referenced comparable codes 93926 *Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study* (work RVU = 0.50 and 10 minutes of intra-service time) and 76820 *Doppler velocimetry, fetal; umbilical artery* (work RVU = 0.50 and 10 minutes intra-service time) which require similar physician work and time. **The RUC recommends a work RVU of 0.52 for CPT code 93285.**

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
The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.43, which is below the survey 25th percentile work of 0.58, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time,

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10 minutes intra-service time and 8 minutes immediate post-service time. The RUC noted that 93290 is parallel to the pacemaker interrogation code 93288 and wearable defibrillator interrogation code 93292, all require the same physician work and 10 minutes of intra-service time. For additional support the RUC referenced comparable code 29540 *Strapping; ankle and/or foot* (work RVU = 0.39 and 9 minutes intra-service time) which requires similar physician work and time. **The RUC recommends a work RVU of 0.43 for CPT code 93290.**

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

The RUC reviewed the survey results from 78 cardiologists and determined that the a crosswalk to 0.37 work RVUs is appropriate due to the 5 minute decrease in intra-service time. The RUC recommends 5 minutes pre-service time, 7 minutes intra-service time and 5 minutes immediate post-service time. The RUC crosswalked 93291 to 96446 *Chemotherapy administration into the peritoneal cavity via indwelling port or catheter* (work RVU = 0.37 and 7 minutes intra-service time). For additional support the RUC referenced comparable code 92228 *Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral* (work RVU = 0.37 and 8 minutes intra-service time) which requires similar physician work and time. **The RUC recommends a work RVU of 0.37 for CPT code 93291.**

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

The RUC reviewed the survey results from 78 cardiologists and determined that the current work value 0.43, which is below the survey 25th percentile work of 0.60, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 5 minutes immediate post-service time. The RUC noted that 93292 is parallel to the other interrogation codes 93288 and 93290, all require the same physician work and 10 minutes of intra-service time. For additional support the RUC referenced comparable code 29540 *Strapping; ankle and/or foot* (work RVU = 0.39 and 9 minutes intra-service time) which requires similar physician work and time. **The RUC recommends a work RVU of 0.43 for CPT code 93292.**

Remote Monitoring Services **(93293, 93294, 9329, 93297 & 93298)**

The specialty societies indicated and the RUC agreed that the survey respondents may have based their responses on a single transmission and not all transmissions for the 30-90 days as described. **The specialty society will resurvey the remote monitoring codes 93293, 93294, 9329, 93297 and 93298 with specific instructions vetted via the Research Subcommittee directing survey respondents to account for the work and time required for all transmissions provided. These services will be resurveyed in January 2017 and will be included in the same cycle, CPT 2018.**

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Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs and made the following modifications:

1) Reduced vital signs from 5 to 3 minutes;
2) Reduced the assist anting the physician in performing the procedure to line 35 to reflect the physician intra-service time was at least the clinical staff intra-time or more ;
3) Revised the PE SORs to clearly distinguish the different activities of the two clinical staff on lines 44 and 45 as they are completing different forms and performing different work;
4) Adjusted all the equipment by a couple minutes based on the changes in intra-service time; and
5) Discussed a vendor issue that with all of the implanted defibrillator and pacemaker devices where there are circumstances vendor sends a technician in to interpret the devices and in those cases the practice is not bearing the cost. Also in some cases the vendor technician even brings in the device itself and interprets and the practice is not bearing these costs as well. The Subcommittee discussed this may be addressed by a modified -26 and just report the professional interpretation or a -52 modifier and represent a reduced service. However, neither modifier addresses the issue properly. Reporting the professional service only (-26) doesn't cover the physicians expenses of exam table, office and clinical staff for vital signs and the reduced modifier (-52) does not provide a good proxy. **The RUC recommends that this issue will be referred to the CPT Editorial Panel to determine how to appropriately report these cases.**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93279 (f)	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	XXX	0.65 (No Change)

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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	XXX	0.77 (No Change)
93281 (f)	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	XXX	0.85
93282 (f)	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	XXX	0.85 (No Change)
93283 (f)	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	XXX	1.15 (No Change)
93284 (f)	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	XXX	1.25 (No Change)
93285(f)	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	XXX	0.52 (No Change)

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93286 (f)	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	XXX	0.30 (No Change)
93287 (f)	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	XXX	0.45 (No Change)
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	XXX	0.43 (No Change)
93289 (f)	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	XXX	0.75
93290 (f)	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	XXX	0.43 (No Change)
93291 (f)	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	XXX	0.37

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93292 (f)	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	XXX	0.43 (No Change)
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	XXX	Survey for January 2017 (2016: 0.32)
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	XXX	Survey for January 2017 (2016: 0.65)
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	XXX	Survey for January 2017 (2016: 1.29)
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	XXX	PE Only
93297 (f)	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	XXX	Survey for January 2017 (2016: 0.52)

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93298 (f)	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	XXX	Survey for January 2017 (2016: 0.52)
93299 (f)	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	XXX	PE Only

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Overview

CMS identified several cardiac device monitoring services in CY 2016 PFS rulemaking—93280, 93288, 93293, 93294, 93295, and 93296—as potentially misvalued on its high-expenditure screen. Consistent with RUC policy, the societies expanded the review to include the entire family of cardiac device monitoring codes—19 codes with work and PE and 2 PE-only codes.

Motivated by the difficulty of surveying this many codes at once, but also a need for survey respondents to review all codes in an effort to ensure appropriate rank order, the societies sought and received Research Subcommittee approval for an alternative survey methodology. Survey respondents completed traditional RUC surveys of three benchmark services in the family—93280 (Dual pacemaker programming evaluation), 93283 (Dual ICD programming evaluation), and 93298 (30-day remote implantable loop recorder interrogation). These codes were selected because they are commonly performed and well understood, encompassing the two main devices—pacemakers and ICDs—and the two types of services—in-office programming and remote interrogation. Respondents were then taken to a table of all 19 codes divided into groups by service similarity. Time and work RVU responses from the three comprehensive surveys were transferred into that table. Survey respondents then completed the table for pre-service, intra-service, post-service times, and work RVUs. During this step, respondents also could adjust their responses from the three benchmark surveys. That survey tool is included in Tab 25 materials.

The societies also requested Research Subcommittee review of the RSL and vignettes. The Subcommittee supported the range of the RSL and appreciated the mix of MPC services. With the entire, large code-family being surveyed at once, we appreciated the Subcommittee's suggestions and applied their revisions.

Survey respondents generally appear to have understood the exercise of constructing rank order within the smaller groupings and for the most part these fit together within the larger family. However, there are exceptions where either rank order within a device family rank order across device families does not perfectly align. We identified some of these in our initial submission. Others were pointed out by preliminary reviewers. We have made some modifications to our initial recommendations in an attempt to more carefully address these inconsistencies. This rank order (as shown in Table 1) reflects the increasing intensity and decision-making complexity of these services.

One common theme we heard from reviewers was a desire to better understand differences in intensity between services and between devices. In response, we have updated the work descriptors in each SOR to eliminate errors, eliminate confusion about whether certain aspects of the services are performed by the physician or clinical staff, and to more simply present the physician work so services can be better compared. We also added vignettes to the SORs where they had previously been left out because they were not surveyed.

We note that the current values and times were often internally crosswalked or imputed by building block. Survey results at the 25th-percentile closely aligned with the current values in many instances. When possible, we have used the survey to validate work RVUs and update times. We had hoped to rely entirely on the surveys, but found that in certain instances it still made more sense to impute times for some of the services.

Finally, reviewer comments and suggestions helped us identify an issue that may address some questions service time. Reviewers noted reductions in survey intraservice time were often accompanied by increases in survey postservice times, and often that survey work RVUs did not decrease. After further scrutiny, we suggest that survey respondents are not as equipped as members of the RUC to distinguish intraservice time from postservice time for these services. Some respondents may have considered certain activities as postservice—there could be a blurring of the line as they interpret data but also prepare and finalize a report. This would explain a shift in the allocation of time from intraservice to postservice in some instances, additional increases to postservice time in some cases for devices with advanced features, and the lack of reduction in survey work RVUs.

Table 1: Recommendations in Rank Order

Code	Desc	wRVU	Intra	Total	Notes
93286	PERI-PX PACEMAKER DEVICE EV	0.30	10	21.5	Maintain. Below survey 25th 0.60.
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL, 90-DAY	0.32	5	15	Maintain. Below survey 25th 0.40.
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	22	Maintain. Below survey 25th 0.60.
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	23	Maintain. Below survey 25th 0.58.
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	7	17	Maintain. Below survey 25th 0.50.
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20	Maintain. Below survey 25th 0.60.
93287	PERI-PX ICD DEVICE EV	0.45	10	25	Maintain. Below survey 25th 0.70.
93285	ILR DEVICE PROGR EVAL	0.52	10	20	Maintain. Below survey 25th 0.60.
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	46	Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	34	Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, doubling 93291.
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	33	Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
93279	PM DEVICE	0.65	10	22	Maintain. Below survey 25th 0.70.

	PROGR EVAL SNGL				
93289	ICD DEVICE INTERROGATIO N EVAL IN PERSON	0.75	10	23.5	Reduce to survey 25th 0.75.
93280	PM DEVICE PROGR EVAL DUAL	0.77	15	32	Maintain. Above survey 25th 0.75. Time increase.
93282	ICD DEVICE PROGR EVAL SNGL	0.85	12	28	Maintain. Matches survey 25th 0.85.
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	37	Maintain. Above survey 25th 0.89. Time increase.
93295	ICD DEVICE INTERROGATIO N REMOTE, 90-DAY	1.13	15	35.5	Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	35	Maintain. Above survey 25th 0.91. Time increase.
93284	ICD DEVICE PROGR EVAL MULTI	1.25	17.5	37.5	Maintain. Above survey 25th 0.95. Time increase.

1,500 non-duplicative members were randomly surveyed (1,000 from ACC, 500 from HRS). 78 respondents completed the survey, so each code has 78 respondents. This meets the response threshold of 75 completed surveys for services with utilization over 1,000,000; that was necessary for code 93280.

Pacemaker Office Services

93280 In this group of four codes, we used code 93280 for programming evaluation of a dual-chamber pacemaker as the benchmark survey. Respondents completed the traditional RUC survey for this code. Key reference service 93750 for Ventriclar Assist Device interrogation was selected by 18 respondents. These respondents found 93280 to be slightly more intense/complex in some measures, slightly less in others, and overall equivalent to 93750. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 99213 for a level-3 office visit was selected by 14 respondents. These respondents found 93280 to be slightly more intense/complex in some measures, slightly less in others, and overall slightly more intense/complex than 99213.

Despite the comparison to higher-valued key reference services and the slight increase in total time indicated by survey respondents, we do not believe we have a compelling evidence argument to recommend the survey median. As such, we are **recommending the current work RVU of 0.77 with median survey times of 7 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.** These times result in a 2-minute decrease in intraservice time but a 5-minute increase in total time that we believe supports the current value. This value is near the survey 25th-percentile value of 0.75. It aligns well with identified MPC services as shown in the summary spreadsheet and the SOR—cardiovascular stress test code 93015 with a work RVU of 0.75 and times of 2 minutes preservice, 20 minutes intraservice, 4 minutes postservice, and ultrasound of pregnant uterus code 76816 with a work RVU of 0.86 and times of 6 minutes preservice, 15 minutes intraservice, 10 minutes postservice.

93279 For the second code in this group, we move down in rank order and present code 93279 for programming evaluation of a single-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.65 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is slightly below the survey 25th-percentile value of 0.70. This is one of several instances where we followed the precedent of maintaining the current value when it falls below the 25th-percentile, as we do not have a compelling evidence argument for this code. For validation, we suggest comparing this code to MPC code 76830 for transvaginal ultrasound with a work RVU of 0.69 and times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice as presented in the summary spreadsheet.

93288 For the third code in this group, we move another step down in rank order and present 93288 for interrogation evaluation of a single, dual, or multi-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is below the 25th-percentile value of 0.60. Acknowledging that survey respondents indicated this service to have the same time inputs as 93279, we note this is currently the case with these two codes and the difference based on intensity. For validation, we suggest comparing this code to MPC code 29540 for ankle strapping which is slightly shorter and lower-valued with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93281 For the fourth and final code in this group, we go back above the benchmark survey code in rank order to code 93281 for programming evaluation of a multi-chamber pacemaker. This is one instance where the survey table did not provide a reasonable rank order. Respondents indicated this 93281 to have 30 seconds less preservice time and the same intraservice time as dual-chamber code 93280. **As such, we recommend the current work RVU of 0.90 with 93280's preservice time of 7 minutes, an expert consensus intraservice time of 16 minutes, and survey median postservice time of 10 minutes.** These times more sensibly align this service as the most difficult in-office pacemaker programming code, and also make sense in comparison to the multi-lead ICD code that will be presented later. This value is slightly above the survey 25th-percentile value of 0.89. For validation, we suggest comparing this code to slightly shorter MPC code 76816 for ultrasound of pregnant uterus with a work RVU of 0.86 and times of 6 minutes preservice, 15 minutes intraservice, and 10 minutes post-service.

ICD Office Services

93283 In this group of four codes, we start with benchmark survey code 93283 for programming evaluation of a dual-chamber ICD. Respondents completed the traditional RUC survey for this code. Key reference service 93750 for VAD interrogation was selected by 13 respondents. These respondents found 93283 to be slightly more intense/complex in every measure. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 99238 for hospital discharge day management was selected by 11 respondents. These respondents found 93283 to be more intense/complex every measure than 99238.

Reflecting the survey and reasonable alignment between key reference services and MPC comparators as shown in the summary spreadsheet, the societies recommend **the current work RVU of 1.15 with median survey times of 10 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.** These times result in a 2-minute increase in total time that we believe supports the current value. This value is between the survey 25th-percentile and median values. It aligns well with identified MPC services as shown in the summary spreadsheet and the SOR—CT head code 70460 with a work RVU of 1.13 and times of 5 minutes preservice, 12 minutes intraservice, 5 minutes postservice, and asleep and awake EEG code 95819 with a work RVU of 1.08 and times of 5 minutes preservice, 15 minutes intraservice, 6 minutes postservice.

93282 For the second code in this group, we move down in rank order and present code 93282 for programming evaluation of a single-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.85 with median survey times of 6 minutes preservice, 12 minutes intraservice, and 10 minutes postservice.** These times result in no change in total time that we believe supports the current value. This value also happens to match the survey 25th-percentile. For validation, we suggest comparing this code to slightly shorter MPC code 76700 for complete abdominal ultrasound with a work RVU of 0.81 and times of 5 minutes preservice, 11 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93289 For the third code in this group, we move another step down in rank order and present 93289 for interrogation evaluation of a single, dual, or multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. After considering reviewer comments that this value creates a rank order issue within the ICD codes by placing interrogation higher than single-lead programming, **we recommend the survey 25th-percentile work RVU of 0.75 with median survey times**

of 5 minutes preservice, 10 minutes intraservice, and 8.5 minutes postservice. This ICD group will now mirror the pacemaker group, with a progression in work from interrogation to single-, dual-, then multi-lead device programming services. This value also accounts for small reduction in total time that includes a shift of time from intraservice to postservice. Acknowledging that survey respondents indicated this service to have the same 10 minutes of intraservice time as 93288, we note that a difference remains in total time and intensity. For validation, we suggest comparing this code to nearly identical code 76817 for transvaginal ultrasound with a work RVU of 0.75 and times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice as presented in the summary spreadsheet.

93284 For the fourth and final code in this group, we go back above the benchmark survey code in rank order to code 93284 for programming evaluation of a multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. This is a second instance where the survey table did not provide a reasonable rank order, as respondents indicated 93284 to have 1 minute less preservice time than dual-chamber code 93283. **As such, we recommend the current work RVU of 1.25 with 93283's preservice time of 10 minutes, then median survey times of 17.5 minutes intraservice and 10 minutes postservice.** These times result in a 2.5-minute increase intraservice time and 4-minute increase in total time that we believe supports the current value. This value falls between the survey 25th-percentile value of 0.95 and the median of 1.40. For validation we suggest comparing this code to slightly longer MPC code 99238 for hospital discharge day management with a work RVU of 1.28 and times of 8 minutes preservice, 20 minutes intraservice, and 10 minutes postservice as presented in the summary spreadsheet.

Pacemaker & ICD Peri-procedural Services

Two codes exist for evaluation of an implantable pacemaker or ICD to adjust device settings appropriate for the patient before and/or after a procedure or test.

93286 The first code of this pair describes peri-procedural device programming of a single, dual, or multi-chamber pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.30 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 6.5 minutes postservice.** As discussed previously, we see some time shift between intraservice and postservice, which we believe supports the current value. This value is below the 25th-percentile RVU of 0.60. For validation, we suggest comparing this code to commonly performed, slightly shorter, and lower-valued code 94726 for plethysmography with a work RVU of 0.26 and times of 5 minutes preservice, 5 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93287 The second code of this pair describes peri-procedural device programming of a single, dual, or multi-chamber ICD. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.45 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 10 minutes postservice.** We again see some time shift between intraservice and postservice, which we believe supports the current value. This value is below the 25th-percentile RVU of 0.70. For validation, we suggest comparing this code to commonly performed, longer, and higher-valued code 77002 for fluoroscopic needle guidance with a work RVU of 0.54 and times of 7 minutes preservice, 15 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

Other Device Office Services

Rounding out the services performed with the patient present is a group of four codes: three interrogation and one programming. This group is somewhat challenging because total time stays the same or goes down slightly, but the survey 25th-percentile values are still higher than the current value. We note that when these codes were previously valued, the work of the three interrogation codes was felt to be roughly the same as a crosswalk, pacemaker interrogation code 93288, even though the codes had slightly different time inputs. That work consistency remains, as does the slight time variation.

93290 The most common of these codes describes interrogation of an implantable cardiovascular monitor. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice.** This value is below the 25th-percentile RVU of 0.58. For validation, we suggest comparing this code to slightly shorter and lower-valued MPC code 29540 for ankle strapping with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93292 The least common of these codes describes interrogation of a wearable cardiac defibrillator. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.60. For validation, we again suggest comparing this code to slightly shorter and lower-valued MPC code 29540 for ankle strapping with a work RVU of 0.39 and times of 7 minutes preservice, 9 minutes intraservice, and 2 minutes postservice as presented in the summary spreadsheet.

93291 The third and fourth codes in this group are both related for implantable loop recorders. 93291 describes the in-office interrogation of that device. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.43 with median survey times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.50. As we noted earlier, this code and the previous two were all deemed equal to pacemaker interrogation code 93288 even though the codes had slightly different time inputs. We believe that methodology is still appropriate. For validation, we again suggest comparing this code to slightly longer and higher-valued code 93971 for limited duplex scan of extremity veins with a work RVU of 0.45 and times of 3 minutes preservice, 10 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

93285 The final code in this group describes in-office programming of an implantable loop recorder. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.52 with median survey times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.60. For validation, we suggest comparing this code to commonly performed, and similarly-valued code 93926 for limited lower extremity duplex scan with a work RVU of 0.50 and identical times of 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice as presented in the summary spreadsheet.

Remote Monitoring Services

The final group of codes describes five remote device interrogation services. It is important to note that the times and values for these codes were imputed by societies and the RUC from other services when they were first valued in 2008. Those rationales are briefly summarized below in Table 2 for reference. Certain aspects of those assumptions still hold true. We again rely on calculated times after finding some inconsistencies within device families in our initial submission.

Table 2: Current Imputed times and values for remote services

Code	Desc	wRVU	Intra	Total	2008 RUC Rationale Notes
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20	1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010
93294	PM INTERROGATION REMOTE, 90-DAY	0.65	15	30	1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288
93295	ICD INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5	1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)
93297	ICM INTERROGATION REMOTE, 30-DAY	0.52	24	50	2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228
93298	ILR INTERROGATION REMOTE, 30-DAY	0.52	24	44	2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228

93298 In this group of codes, we set code 93298 for 30-day remote interrogation evaluation of an implantable loop recorder as the benchmark survey. Respondents completed the traditional RUC survey for this code. Key reference service 93224 for 48-hour ECG recording was selected by 31 respondents. These respondents found 93298 to be somewhat more intense/complex in every measure. These results are summarized in the SOR and the new intensity/complexity addendum. Second key reference code 93015 for cardiovascular stress test was selected by 10 respondents. These respondents found 93298 to be more intense/complex every measure than 99238.

Median survey times for 93298 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times do not reflect a large enough increment from in-office interrogation code 93291 that has times of 5 minutes preservice, 7 minutes intraservice, and 5 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 30-day period. The current assumption that two transmissions are reviewed per 30 days remains reasonable, if not somewhat conservative. As such, **we recommend doubling the times from 93291 and using the 93298 survey 25th-percentile work RVU of 0.52, which also happens to be the current value. This produces calculated times of 10 minutes preservice, 14 minutes intraservice, and 10 minutes postservice.** MPC codes with bracketing values but shorter times are included in the SOR and summary sheet. We would also direct the RUC's attention to additional comparator 95926 for lower limb somatosensory evoked potential study, with a work RVU of 0.54 and times of 6.5 minutes preservice, 15 minutes intraservice, and 10 minutes postservice.

93297 The second code of this group describes 30-day remote interrogation evaluation of an implantable cardiac monitor, most commonly heart failure data from a CRT-D device. Respondents indicated service times and a work RVU for this code using the table. Median survey times for 93297 are 5 minutes preservice, 7.5 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93290 that has longer survey times of 5 minutes preservice, 10 minutes intraservice, and 8 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 30-day period. The current assumption that two transmissions are reviewed per 30 days remains reasonable, if not somewhat conservative. As such, **we recommend doubling the times from 93290 and using the current 93297 work RVU of 0.52. This produces calculated times of 10 minutes preservice, 20 minutes intraservice, and 16 minutes postservice.** This value is below the 25th-percentile RVU of 0.55. As with the previous code, it seems the current crosswalk value of 0.52 is about right while the imputed time was an overestimate, as suggested by the negative IWPUT. As providers of this service, we also believe it is reasonable for this service to have the same work RVU as 93298 with a slightly higher time. The decision-making for this patient population is more complex. We acknowledge this service will still have a negative IWPUT, but aside from recommending an increase in work RVU we see no way to avoid that outcome. For validation, a comparison can be made to slightly shorter and lower-valued code 92548 for computerized posturography, with a work RVU of 0.50 and times of 10 minutes preservice, 15 minutes intraservice, and 15 minutes postservice.

93293 Now that we've addressed the two 30-day remote codes, we shift to 90-day remote codes in rank order. The third remote code we'll present describes transtelephonic rhythm strip pacemaker evaluation of a single, dual, or multi-lead pacemaker. Respondents indicated service times and a work RVU for this code using the table. **We recommend the current work RVU of 0.32 with median survey times of 5 minutes preservice, 5 minutes intraservice, and 5 minutes postservice.** This value is below the 25th-percentile RVU of 0.40. For validation of our recommendations, we suggest comparing 93293 to another common cardiovascular service with slightly shorter times and values, code 93018 for interpretation of a stress test with a work RVU of 0.30 and times of 2 minutes preservice, 5 minutes intraservice, and 4 minutes postservice as presented in the summary spreadsheet.

93294 The next 90-day remote code is another pacemaker service, 90-day remote interrogation evaluation of a single, dual, or multi-lead pacemaker. Respondents indicated service times and a work RVU for this code using the table. It will be helpful for the RUC to be reminded that the current times and RVU for this code was calculated as 150% of the times and value of in-office pacemaker interrogation code 93288. Median survey times for 93294 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93288 that has longer times of 5 minutes preservice, 10 minutes intraservice, and 7 minutes postservice. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 90-day period. The current assumption that 1.5 transmissions are reviewed per 90 days remains reasonable. As such, **we recommend adding 50% to the times and value from 93288 as a recommendation for 93294. This produces calculated times of 7.5 minutes preservice, 15 minutes intraservice, and 10.5 minutes postservice and maintains the work RVU at 0.65.** This value is just above the survey 25th-percentile value and still makes sense since the current times and value were also imputed. For validation of our recommendations, we suggest comparing 93294 to slightly longer and higher valued code 76872 for transrectal ultrasound with a work RVU of 0.69 and times of 10

minutes preservice, 15 minutes intraservice, and 10 minutes postservice as presented in the summary spreadsheet.

93295 The final remote code is 90-day remote interrogation of a single, dual, or multi-lead ICD. Respondents indicated service times and a work RVU for this code using the table. As with the prior code, it will be helpful for the RUC to be reminded that the current times and RVU for this code were calculated as 150% of the times and value of in-office ICD interrogation code 93289. Median survey times for 93295 are 5 minutes preservice, 10 minutes intraservice, and 5 minutes postservice. In considering reviewer comments and further scrutinizing our original recommendations, we realized that these times create a rank order issue with in-office interrogation code 93289 that has longer times of 5 minutes preservice, 10 minutes intraservice, and 8.5 minutes postservice. The 25th-percentile work value would also create a rank order issue with 93289. This suggests to us that survey respondents did not correctly consider the multiple transmissions that occur in a 90-day period. The current assumption that 1.5 transmissions are reviewed per 90 days remains reasonable. As such, **we recommend adding 50% to the times and value from 93289 as a recommendation for 93295. This produces calculated times of 7.5 minutes preservice, 15 minutes intraservice, and 13 minutes postservice and results in a work RVU of 1.13.** This results in a reduction from the current value of 1.29 and incorporates the value of code 93289 where we previously used the 25th-percentile work RVU to improve rank order in the ICD family. For validation of our recommendations, we suggest comparing 93294 to slightly shorter and lower valued MPC code 95819 for awake and asleep EEG with a work RVU of 1.08 and times of 5 minutes preservice, 15 minutes intraservice, and 6 minutes postservice as presented in the summary spreadsheet.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93279 Tracking Number Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.65**
Global Period: XXX RUC Recommended RVU: **0.65**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with chronic atrial fibrillation and complete heart block had a single chamber (SC) rate adaptive ventricular pacemaker (VVIR (ventricular pacing, ventricular sensing, inhibition response and rate-adaptive)) implanted two years ago. The patient contacted her internist because she had "passed out." The physician has the patient come in for a symptom assessment and a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: OReview history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for the lead by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for the lead.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing value
    c. Pacing threshold
    d. Lead impedance
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)

b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93279				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.31	0.70	**0.88**	1.30	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93279	**Recommended Physician Work RVU: 0.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	453,238

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93279	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93279

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 418000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 250000 Percentage 59.80 %

Specialty cardiac electrophysiology Frequency 110000 Percentage 26.31 %

Specialty other Frequency 58000 Percentage 13.87 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 209,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 125000 Percentage 59.80 %

Specialty cardiac electrophysiology Frequency 55000 Percentage 26.31 %

Specialty other Frequency 29000 Percentage 13.87 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93279

If this code is a new/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:93280 Tracking Number Original Specialty Recommended RVU: **0.77**
Presented Recommended RVU: **0.77**
Global Period: XXX RUC Recommended RVU: **0.77**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with acquired complete heart block had a dual chamber (DC) pacemaker (DC-PM) implanted five years ago. The patient calls his general cardiologist concerned about increasing "shortness of breath" and some "palpitations." The cardiologist orders a programming device evaluation.

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%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for each lead.

The following data is analyzed for both leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93280		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	60.00	**250.00**	437.00	2000.00
Survey RVW:	0.35	0.75	**1.00**	1.50	3.00
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93280	**Recommended Physician Work RVU: 0.77**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

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
76816	XXX	0.85	**RUC Time**	17,762

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,075,476

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
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 93280	**Top Key Reference CPT Code:** 93750	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	7.00	0.00	3.00
Median Intra-Service Time	15.00	30.00	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
Median Total Time	**32.00**	**30.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.35	-0.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.12	-0.21
Urgency of medical decision making	-0.12	0.57

Technical Skill/Physical Effort (Mean)

Technical skill required	0.24	0.57
Physical effort required	-0.24	-0.29

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	0.43
Outcome depends on the skill and judgment of physician	0.18	0.50
Estimated risk of malpractice suit with poor outcome	0.12	0.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.00	0.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The 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.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93280

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 cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2262000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 1380000 Percentage 61.00 %

Specialty cardiac electrophysiology Frequency 882000 Percentage 38.99 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,131,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 690000 Percentage 61.00 %

Specialty cardiac electrophysiology Frequency 441000 Percentage 38.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93280

If this code is a new/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:93281 Tracking Number Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with a nonischemic cardiomyopathy, a left ventricular ejection fraction (LVEF) of 35%, and sinus rhythm and QRS duration of 160 ms (millisecond) had a biventricular pacemaker implanted for treatment of moderately severe heart failure symptoms. The patient returns for a programming device evaluation of his pacemaker and lead function one year since his last programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for most pacemakers) is evaluated to ensure appropriate function for each lead.

The following data is analyzed for all three leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)

b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as pacing outputs, sensing thresholds, alert parameters, etc.).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93281					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.37	0.89	**1.20**	1.70	3.50	
Pre-Service Evaluation Time:			**6.50**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	10.00	**15.00**	20.00	45.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93281	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	17,762

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93281	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	7.00	0.00	0.00
Median Intra-Service Time	15.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93281

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 cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 116000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 58000 Percentage 50.00 %

Specialty cardiac electrophysiology Frequency 46000 Percentage 39.65 %

Specialty other Frequency 12000 Percentage 10.34 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 58,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 29000 Percentage 50.00 %

Specialty cardiac electrophysiology Frequency 23000 Percentage 39.65 %

Specialty other Frequency 6000 Percentage 10.34 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93281

If this code is a new/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:93282 Tracking Number Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with sinus rhythm and an ischemic cardiomyopathy with an LVEF of 30% had a SC implantable cardioverter-defibrillator (ICD), a VVI (ventricle pacing, ventricle sensing, and inhibition response) ICD, implanted. The patient tells her cardiologist that she "fainted" without palpitations, warning, or feeling a shock. The cardiologist requests a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: n/a

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%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing value
    d. Pacing threshold
    e. Lead impedance
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as ventricular tachycardia and ventricular fibrillation detection zones, time to declare episode as sustained and deliver therapy, and therapies (defibrillation and antitachycardia pacing parameters are adjusted based upon findings of any treated arrhythmias since the previous interrogation.

b. Pacing output, sensing threshold, alert parameters, etc. are also adjusted based upon interrogation findings.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93282					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.43	0.85	**1.15**	1.75	3.00	
Pre-Service Evaluation Time:			**6.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	8.00	**12.00**	15.00	45.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93282	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	987,043

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93282	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	6.00	0.00	0.00
Median Intra-Service Time	12.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**28.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93282

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 304000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 186000 Percentage 61.18 %

Specialty cardiac electrophysiology Frequency 110000 Percentage 36.18 %

Specialty other Frequency 28000 Percentage 9.21 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 152,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 83000 Percentage 54.60 %

Specialty cardiac electrophysiology Frequency 55000 Percentage 36.18 %

Specialty other Frequency 14000 Percentage 9.21 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93282

If this code is a new/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:93283 Tracking Number Original Specialty Recommended RVU: **1.15**
Presented Recommended RVU: **1.15**
Global Period: XXX RUC Recommended RVU: **1.15**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with intermittent complete heart block had a dual chamber pacemaker defibrillator (ddd icd) implanted. the patient had an interrogation device evaluation (remote) that noted a marked elevation of shocking impedance. the icd clinic contacted the patient to assess his current symptoms and to urge him to come to the icd clinic for a programming device 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%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for many ICDs) is evaluated to ensure appropriate function for each lead.

The following data is analyzed for both leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.

b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as ventricular tachycardia and ventricular fibrillation detection zones, time to declare episode as sustained and deliver therapy, and therapies (defibrillation and antitachycardia pacing parameters are adjusted based upon findings of any treated arrhythmias since the previous interrogation.

b. Pacing outputs, sensing thresholds, alert parameters, etc. are also adjusted based upon interrogation findings.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93283				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	62.00	**150.00**	450.00	2000.00
Survey RVW:	0.48	0.91	**1.25**	1.90	3.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93283	**Recommended Physician Work RVU: 1.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93750	XXX	0.92	**RUC Time**

CPT Descriptor Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99238	XXX	1.28	**RUC Time**

CPT Descriptor Hospital discharge day management; 30 minutes or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70460	XXX	1.13	**RUC Time**	35,427

CPT Descriptor 1 Computed tomography, head or brain; with contrast material(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	237,498

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 15.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 93283	Top Key Reference CPT Code: 93750	2nd Key Reference CPT Code: **99238**
Median Pre-Service Time	10.00	0.00	8.00
Median Intra-Service Time	15.00	30.00	20.00
Median Immediate Post-service Time	10.00	0.00	10.00
Median Critical Care Time	0.0		
Median Other Hospital Visit Time	0.0		0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**30.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.75	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.73
Urgency of medical decision making	0.33	1.18
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.75	1.36
Physical effort required	0.08	0.18

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	1.27
Outcome depends on the skill and judgment of physician	0.58	0.91
Estimated risk of malpractice suit with poor outcome	0.42	1.36

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.33	1.09

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93283

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 cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 564000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 306000 Percentage 54.25 %

Specialty cardiac electrophysiology Frequency 258000 Percentage 45.74 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 282,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 153000 Percentage 54.25 %

Specialty cardiac electrophysiology Frequency 129000 Percentage 45.74 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93283

If this code is a new/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:93284 Tracking Number Original Specialty Recommended RVU: **1.25**
Presented Recommended RVU: **1.25**
Global Period: XXX RUC Recommended RVU: **1.25**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with an ischemic cardiomyopathy, LVEF of 35%, New York Heart Association (NYHA) functional class (FC) III heart failure symptoms, and a complete left bundle branch block had an ICD with biventricular pacemaker stimulation implanted. The patient returns to the ICD clinic for a programming device evaluation six months later because although the patient initially improved he is now feeling more "short of breath."

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage). Next, the autocapture feature (available for many ICDs) is evaluated to ensure appropriate function for each lead. Left ventricular lead pacing thresholds are evaluated in multiple vectors (up to 16) to determine optimal threshold and evaluate for phrenic nerve capture.

The following data is analyzed for all three leads:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.

b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Based upon the findings above, programmed parameters are adjusted as needed (such as ventricular tachycardia and ventricular fibrillation detection zones, time to declare episode as sustained and deliver therapy, and therapies (defibrillation and antitachycardia pacing parameters are adjusted based upon findings of any treated arrhythmias since the previous interrogation.

b. Pacing outputs, sensing thresholds, alert parameters, etc. are also adjusted based upon interrogation findings.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016					
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD					
Specialty(s):	ACC, HRS					
CPT Code:	93284					
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate						
Survey RVW:	0.51	0.95	**1.40**	2.00	3.74	
Pre-Service Evaluation Time:			**9.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	3.00	12.00	**17.50**	25.00	50.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93284	**Recommended Physician Work RVU: 1.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**9.00**	**0.00**	**9.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99238	XXX	1.28	**RUC Time**	3,460,124

CPT Descriptor 1 Hospital discharge day management; 30 minutes or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93284	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	9.00	0.00	0.00
Median Intra-Service Time	18.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**37.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93284

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 570000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 300000 Percentage 52.63 %

Specialty cardiac electrophysiology Frequency 220000 Percentage 38.59 %

Specialty other Frequency 50000 Percentage 8.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 285,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 150000 Percentage 52.63 %

Specialty cardiac electrophysiology Frequency 110000 Percentage 38.59 %

Specialty other Frequency 25000 Percentage 8.77 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93284

If this code is a new/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:93285 Tracking Number Original Specialty Recommended RVU: **0.52**
Presented Recommended RVU: **0.52**
Global Period: XXX RUC Recommended RVU: **0.52**

CPT Descriptor: Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old male with coronary artery disease and diabetes who received an implantable loop recorder (ILR) implant two months ago presents for in-office device evaluation of near-syncope and palpitations and adjustment of his rhythm detection parameters with a programming device evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: n/a

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%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring. If available, correlate diary of symptoms with manually triggered recordings.

Description of Intra-Service Work: Intraservice: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery status
    b. Appropriate sensing
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
    b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.
4. Programming
    a. As indication and events warrant, reprogramming of the device is performed.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation and explain any programming changes to the device. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93285		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.27	0.60	**0.85**	1.20	2.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93285	**Recommended Physician Work RVU: 0.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93296	XXX	0.50	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93285	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93285

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 46000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 24000 Percentage 52.17 %

Specialty cardiac electrophysiology Frequency 18000 Percentage 39.13 %

Specialty other Frequency 4000 Percentage 8.69 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 23,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 12000 Percentage 52.17 %

Specialty cardiac electrophysiology Frequency 9000 Percentage 39.13 %

Specialty other Frequency 2000 Percentage 8.69 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93285

If this code is a new/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:93286 Tracking Number Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with history of sustained VT treated with an ICD is followed with interrogation device evaluations (remote) from patient's home. The patient has dyspnea on exertion and intermittent palpitations with light-headedness.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review available records to determine need for device interrogation in advance of procedure. Obtain device hardware details (pulse generator and lead models). Obtain indications for pacemaker implant.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are reviewed for:
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).
4. Reprogramming:

a. Preprocedure: The device is programmed to asynchronous mode if indicated based upon planned surgical procedure.

b. Postprocedure: The device is programmed to normal sensing and demand mode if indicated after planned surgical procedure.

Description of Post-Service Work: Prepare and sign final report. Place report in medical record and ensure follow-up with the patient's treating physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD				
Specialty(s):	ACC, HRS				
CPT Code:	93286				
Sample Size:	1500	**Resp N:**	78	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.28	0.60	**1.00**	1.25	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	7.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**6.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93286	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
94726	XXX	0.26	**RUC Time**

CPT Descriptor Plethysmography for determination of lung volumes and, when performed, airway resistance

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93286	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93286

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 24000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 16500 Percentage 68.75 %

Specialty cardiac electrophysiology Frequency 6500 Percentage 27.08 %

Specialty other Frequency 1000 Percentage 4.16 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 8250 Percentage 68.75 %

Specialty cardiac electrophysiology Frequency 3250 Percentage 27.08 %

Specialty other Frequency 500 Percentage 4.16 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93286

If this code is a new/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:93287 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female with chronic atrial fibrillation and complete heart block had a SC VVIR ICD implanted. The patient requires abdominal aortic aneurysm surgery. To avoid ICD shocks during the surgery related to electrosurgical cautery and manipulation, the surgeon requests evaluation and programming of the ICD to prepare the patient for surgery. After the surgery the surgeon requests a re-evaluation of the ICD system in the intensive care unit (ICU) with appropriate adjustment of the device to permit full protection of the patient from bradycardia and tachycardia events. (Note: The re-evaluation is reported separately from the initial evaluation.)

Percentage of Survey Respondents who found Vignette to be Typical: n/a

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%

Description of Pre-Service Work: Review available records to determine need for device interrogation in advance of procedure. Obtain device hardware details (pulse generator and lead models). Obtain indications for pacemaker implant.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm. Inhibit pacing to record the underlying rhythm. Pacing capture thresholds are determined for each lead individually by iteratively reducing the pacing voltage while maintaining a fixed pulse width (and/or by iteratively reducing the pulse width while maintaining a fixed voltage).

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are reviewed:
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.

b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

4. Reprogramming

a. Preprocedure: Antitachycardia therapies are disabled, and pacing reprogrammed to asynchronous mode if indicated based upon planned surgical procedure.

b. Postprocedure: Antitachycardia therapies are enabled, and pacing reprogrammed to normal sensing and demand mode.

Description of Post-Service Work: Prepare and sign final report. Place report in medical record and ensure follow-up with the patient's treating physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93287		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:	0.30	0.70	**1.00**	1.50	3.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93287	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
77002	XXX	0.54	**RUC Time**

CPT Descriptor Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93287	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	10.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93287

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 14460 Percentage 72.30 %

Specialty cardiac electrophysiology Frequency 4200 Percentage 21.00 %

Specialty other Frequency 1140 Percentage 5.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 7230 Percentage 72.30 %

Specialty cardiac electrophysiology Frequency 2100 Percentage 21.00 %

Specialty other Frequency 570 Percentage 5.70 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93287

If this code is a new/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:93288 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old patient with a pacemaker for sick sinus syndrome and congestive heart failure (CHF) is followed with interrogation device evaluations (in person) for light-headedness and dyspnea.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review history for pacing indications and changes in symptoms or development of new symptoms. Review prior records of the implanted pacemaker, lead hardware, and programmed parameters, prior assessments of capture thresholds, sensing thresholds, and pacemaker dependency. Review interim remote monitoring results if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.).
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Lead sensing values
    c. Pacing thresholds
    d. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the pacemaker (e.g. episode identified as atrial fibrillation is not double counting far-field ventricular activity on the atrial lead)
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93288		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.37	0.60	**0.80**	1.40	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93288	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93288	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	7.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93288

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 664000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 480000 Percentage 72.28 %

Specialty cardiac electrophysiology Frequency 100000 Percentage 15.06 %

Specialty other Frequency 84000 Percentage 12.65 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 332,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 240000 Percentage 72.28 %

Specialty cardiac electrophysiology Frequency 50000 Percentage 15.06 %

Specialty other Frequency 42000 Percentage 12.65 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93288

If this code is a new/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:93289 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old patient with an ICD for ventricular tachycardia is followed with interrogation device evaluations (in person) for light-headedness and dyspnea to evaluate the integrity of the device.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Assess patient history for ICD indications and for changes in symptoms or development of interval symptoms or clinical episodes of ventricular tachyarrhythmia. Review prior arrhythmia history and previous programmed settings of the device as well as interim remote assessments if available.

Description of Intra-Service Work: Connect patient to a single or multi-lead free running ECG monitor. Obtain a communication link between the pacemaker and the programmer. Assess and record current rhythm.

The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred (e.g. stored arrhythmia events, lead function parameter out of normal range, etc.), and to determine if any antitachycardia therapies have been delivered.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery voltage, impedance and estimated longevity
    b. Capacitor charge time
    c. Lead sensing values
    d. Pacing thresholds
    e. Lead impedances
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ICD and treated by the device.
    b. Out of range parameters are evaluated for accuracy (e.g. abnormal sensing or pacing thresholds recorded by the devices auto-sensing and autocapture algorithms).

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93289		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:	0.40	0.75	**1.00**	1.50	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**8.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93289	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**9.00**	**0.00**	**9.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	**RUC Time**	19,214

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
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93289	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	9.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93289

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 274000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 174000 Percentage 63.50 %

Specialty cardiac electrophysiology Frequency 70000 Percentage 25.54 %

Specialty other Frequency 30000 Percentage 10.94 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 137,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 87000 Percentage 63.50 %

Specialty cardiac electrophysiology Frequency 35000 Percentage 25.54 %

Specialty other Frequency 15000 Percentage 10.94 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93289

If this code is a new/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:93290 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old patient with prior MI, VT, and CHF had an implantable cardioverter-defibrillator system that monitors physiologic cardiovascular data in addition to the heart rhythm device implanted. The patient has ongoing dyspnea, orthopnea, and peripheral edema and is evaluated in the heart failure clinic with interrogation device evaluations (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

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%

Description of Pre-Service Work: Review patient records to identify the indication for insertable cardiac monitor (ICM) monitoring and therapy, manufacturer and model of the ICM, leads and sensors as appropriate. Review prior records of ICM parameters and compare to prior remote and in-person interrogations.

Description of Intra-Service Work: Interrogate information from the ICM by telemetric communication and either print out for review or review on the programmer or computer monitor. Perform a critical review of the interrogated data with assessment of the appropriateness of the ICM's function and appropriateness of the current programmed parameters.

Data reviewed may include, but are not limited to: (1) weight; (2) systemic BP; (3) right atrial, right ventricular, left atrial, left ventricular, and pulmonary arterial pressures; (4) intrathoracic impedance measurements; and (5) other measures of physiologic parameters.

In addition, review stored episodes of data to assess the history and trends identified by any of the collected data. Also review alerts generated from the ICM along with battery voltage and sensor information to validate the integrity of the ICM system.

Description of Post-Service Work: After physician review of above data, make a decision as to the adequacy of the programmed parameters including the appropriate data collection set-up and the interval for the next scheduled interrogation evaluation. Modify patient's medical regimen as appropriate. Inform patient of test result(s). Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93290		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate					
Survey RVW:	0.30	0.58	**0.80**	1.20	3.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93290	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93290	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	8.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93290

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 248000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 140000 Percentage 56.45 %

Specialty cardiac electrophysiology Frequency 84000 Percentage 33.87 %

Specialty other Frequency 24000 Percentage 9.67 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 124,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 70000 Percentage 56.45 %

Specialty cardiac electrophysiology Frequency 42000 Percentage 33.87 %

Specialty other Frequency 12000 Percentage 9.67 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93290

If this code is a new/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:93291 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.37**
Global Period: XXX RUC Recommended RVU: **0.37**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old patient receives an ILR for recurrent syncopal spells. The patient has a syncopal episode resulting in a laceration to the head. The patient comes in for an interrogation device evaluation (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

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%

Description of Pre-Service Work: Review history for cardiac rhythm monitoring indications and for changes in, or the development of, new symptoms. Review programmed parameters and results of prior ILR interrogations and remote monitoring.

Description of Intra-Service Work: The following data is analyzed:

1. Initial interrogation is reviewed to determine if any alert conditions have occurred and if electrograms have been stored.
2. Current interrogation results are compared to historical values and previous trends.
    a. Battery status
    b. Appropriate sensing
3. Alert conditions are then reviewed in detail
    a. Stored arrhythmic episodes are reviewed to determine if the arrhythmia was accurately identified by the ILR.
    b. Compare arrhythmia to historical events to determine if it is clinically significant and requires further investigation and/or treatment.

Description of Post-Service Work: Assess patient's clinical status for interim health changes, discuss results of the device interrogation. Discuss status of remote monitoring to ensure patient understands importance of maintaining remote transceiver at bedside and plugged in at all times. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93291		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:	0.25	0.50	**0.75**	1.00	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**7.00**	12.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93291	**Recommended Physician Work RVU: 0.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93291	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	7.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93291

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 cardiac electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 84000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 48000 Percentage 57.14 %

Specialty cardiac electrophysiology Frequency 27000 Percentage 32.14 %

Specialty other Frequency 9000 Percentage 10.71 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 42,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 24000 Percentage 57.14 %

Specialty cardiac electrophysiology Frequency 13500 Percentage 32.14 %

Specialty other Frequency 4500 Percentage 10.71 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93291

If this code is a new/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:93292 Tracking Number Original Specialty Recommended RVU: **0.43**
Presented Recommended RVU: **0.43**
Global Period: XXX RUC Recommended RVU: **0.43**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old patient with history of sustained VT treated with an ICD required ICD and lead extraction and IV antibiotics for three months because of a bacterial infection with intracardiac vegetations before an ICD can be reimplanted. The patient returns one month later with her wearable cardioverter defibrillator (WCD) for interrogation device evaluation (in person).

Percentage of Survey Respondents who found Vignette to be Typical:

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%

Description of Pre-Service Work: Patient records are reviewed to identify the indication for wearable monitoring and therapy, manufacturer and model of the wearable. Prior records of wearable parameters are reviewed and compared to prior remote and in person interrogations.

Description of Intra-Service Work: The information is interrogated from the wearable device by telemetric communication and either printed for review or reviewed on the programmer or computer monitor. Critical review of the interrogated data with the assessment of the appropriateness of the function of the wearable device and appropriateness of the current programmed parameters is performed.

Description of Post-Service Work: Review parameters including the appropriate data collection setup and the interval for the next scheduled interrogation evaluation. Modifications to the patient's medical regimen are made as appropriate. The patient is informed of the test result. Prepare and sign final report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS		
CPT Code:	93292		
Sample Size:	1500	**Resp N:** 78	**Response:** 5.2 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:	0.20	0.60	**0.85**	1.00	6.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	14.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93292	**Recommended Physician Work RVU: 0.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
	XXX		**RUC Time**

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	249,407

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	XXX		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	XXX		**RUC Time**

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93292	Top Key Reference CPT Code: ____	2nd Key Reference CPT Code: ____
Median Pre-Service Time	5.00	0.00	0.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality		

Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PLEASE SEE SEPARATE RATIONALE DOCUMENT.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 93292

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming roughly even split of Medicare & non-Medicare, this number is double the Medicare estimate below.

Specialty cardiology Frequency 2000 Percentage 71.42 %

Specialty cardiac electrophysiology Frequency 450 Percentage 16.07 %

Specialty other Frequency 350 Percentage 12.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2015 Medicare data in RUC database.

Specialty cardiology Frequency 1000 Percentage 71.42 %

Specialty cardiac electrophysiology Frequency 225 Percentage 16.07 %

Specialty other Frequency 175 Percentage 12.50 %

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:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93292

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93280	**# of Respondents:**	78
Survey Code Descriptor:	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system		

Top Ref Code:	93750	**# of Respondents:**	18	**% of Respondents:**	23%
Top Ref Code Descriptor:	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	17%	61%	22%	0%

Overall Intensity and Complexity:				
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		6%	56%	38%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		28%	61%	11%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		28%	55%	17%
Technical Skill:		**Less**	**Identical**	**More**
		6%	61%	33%
Physical Effort:		**Less**	**Identical**	**More**
		16%	78%	6%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		17%	61%	22%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		11%	56%	33%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		17%	56%	27%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93283	**# of Respondents:**	78
Survey Code Descriptor:	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system		

Top Ref Code:	93750	**# of Respondents:**	13	**% of Respondents:**	15%
Top Ref Code Descriptor:	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	8%	46%	46%	0%

Overall Intensity and Complexity:

Mental Effort and Judgment:

	Less	Identical	More
The number of possible diagnosis and/or number of management options that must be considered	8%	31%	61%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	15%	54%	31%
Urgency of medical decision making	8%	62%	30%

Technical Skill:

Less	Identical	More
8%	31%	61%

Physical Effort:

Less	Identical	More
15%	54%	31%

Psychological Stress:

	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	31%	31%	38%
Outcome depends on the skill and judgment of physician	0%	46%	56%
Estimated risk of malpractice suite with poor outcome	8%	54%	38%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93283	**# of Respondents:**	78
Survey Code Descriptor:	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		

Top Ref Code:	93224	**# of Respondents:**	31	**% of Respondents:**	22%
Top Ref Code Descriptor:	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report				

Survey Code Compared to Top Ref Code

Survey Code is:

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:	3%	13%	55%	29%	0%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	19%	61%	20%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	13%	55%	32%
	Urgency of medical decision making	16%	65%	19%
Technical Skill:		13%	48%	39%
Physical Effort:		24%	55%	21%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	16%	68%	16%
	Outcome depends on the skill and judgment of physician	6%	55%	39%
	Estimated risk of malpractice suite with poor outcome	6%	55%	39%

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will autc

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will b

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Cardiac Electrophysiology Device Monitoring

TAB: 25

Pacemaker Office Services

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	93750	Interrogation of ventricular assis	18	0.031			0.92		
2nd REF	99213	Office or other outpatient visit fo	14	0.053			0.97		
CURRENT	93280	Programming device evaluation		0.032			0.77		
SVY			78	0.041	0.35	0.75	1.00	1.50	3.00
CURRENT	93280			0.026	0.77				
MPC	93015	Cardiovascular stress test using		0.031	0.75				
MPC	76816	Ultrasound, pregnant uterus, rea		0.033	0.85				

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93279	Programming device evaluation		0.043			0.65		
SVY			78	0.061	0.31	0.70	0.88	1.30	2.50
REC	93279			0.038	0.65				
MPC	76830	Ultrasound, transvaginal		0.040	0.69				

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					

2nd REF	n/a			#DIV/0!					
CURRENT	93288	Interrogation device evaluation (		0.021			0.43		
SVY				0.053	0.37	0.60	0.80	1.40	3.00
REC	93288	Interrogation device evaluation (in per		0.016			0.43		
MPC	29540	Strapping; ankle and/or foot		0.021			0.39		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93281	Programming device evaluation		0.034			0.90		
SVY			78	0.055	0.37	0.89	1.20	1.70	3.50
REC	93281	Programming device evaluation (in per		0.031			0.85		
MPC	76816	Ultrasound, pregnant uterus, rea		0.033			0.85		

ICD Office Services

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	93750	Interrogation of ventricular assis	13	0.031			0.92		
2nd REF	99238	Hospital discharge day manager	11	0.044			1.28		
CURRENT	93283	Programming device evaluation		0.050			1.15		
SVY				0.053	0.48	0.91	1.25	1.90	3.50
REC	93283	Programming device evaluation (in per		0.047			1.15		
MPC	70460	Computed tomography, head or		0.076			1.13		
MPC	95819	Electroencephalogram (EEG); in		0.056			1.08		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93282	Programming device evaluation		0.037			0.85		

SVY				0.066	0.43	0.85	1.15	1.75	3.00
REC	93282	Programming device evaluation (in per		0.041			0.85		
MPC	76700	Ultrasound, abdominal, real time		0.053			0.81		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93289	Interrogation device evaluation (		0.046			0.92		
SVY				0.070	0.40	0.75	1.00	1.50	3.00
REC	93289	Interrogation device evaluation (in per		0.044			0.75		
MPC	76817	Ultrasound, pregnant uterus, rea		0.046			0.75		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93284	Programming device evaluation		0.056			1.25		
SVY				0.056	0.51	0.95	1.40	2.00	3.74
REC	93284	Programming device evaluation (in per		0.046			1.25		
MPC	93238	Hospital discharge day manager		0.044			1.28		

Peri-procedural Services

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93286	Peri-procedural device evaluatic		0.006			0.30		
SVY				0.074	0.28	0.60	1.00	1.25	3.00
REC	93286	Peri-procedural device evaluation (in p		0.003			0.30		
COMP	94726	Plethysmography for determinat		0.007			0.26		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93287	Peri-procedural device evaluatic		0.013			0.45		
SVY				0.066	0.30	0.70	1.00	1.50	3.50
REC	93287	Peri-procedural device evaluation (in p		0.011			0.45		
COMP	77002	Fluoroscopic guidance for need		0.018			0.54		

Other Office Services

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93290	Interrogation device evaluation (		0.012			0.43		
SVY				0.051	0.30	0.58	0.80	1.20	3.50
REC	93290	Interrogation device evaluation (in per		0.014			0.43		
MPC	29540	Strapping; ankle and/or foot		0.021			0.39		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93292	Interrogation device evaluation (		0.021			0.43		
SVY				0.063	0.20	0.60	0.85	1.00	6.00
REC	93292	Interrogation device evaluation (in per		0.021			0.43		
MPC	29540	Strapping; ankle and/or foot		0.021			0.39		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX

1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93291	Interrogation device evaluation (		0.017			0.43		
SVY				0.075	0.25	0.50	0.75	1.00	2.50
REC	93291	Interrogation device evaluation (in per		0.021			0.37		
COMP	93971	Duplex scan of extremity veins i		0.027			0.45		

Source	CPT	DESC	Resp	IWPUT	RVW				
					MIN	25th	MED	75th	MAX
1st REF	n/a			#DIV/0!					
2nd REF	n/a			#DIV/0!					
CURRENT	93285	Programming device evaluation		0.025			0.52		
SVY				0.063	0.27	0.60	0.85	1.20	2.60
REC	93285	Programming device evaluation (in pe		0.030			0.52		
COMP	93926	Duplex scan of lower extremity a		0.028			0.50		

›matically calculate.

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Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
30						30.0			
23	3					15.0			5
27	5					17.0			5
32	7			2	10	15.0	20	45	10
32	7					15.0			10
26	2					20.0			4
31	6					15.0			10

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
20	5					10.0			5
22	5			2	6	10.0	15	30	7
22	5					10.0			7
23	5					10.0			8

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									

0					
20	5		10.0		5
22	5	1 5	10.0	15 45	7
22	5		10.0		7
18	7		9.0		2

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
30	5					20.0			5
31.5	6.5			3	10	15.0	20	45	10
32	7					15.0			10
31	6					15.0			10

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
30						30.0			
38	8					20.0			10
33	8					15.0			10
35	10			3	10	15.0	20	45	10
35	10					15.0			10
22	5					12.0			5
26	5					15.0			6

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
28	8					15.0			5

28	6		2	8	12.0		15	45	10
28	6				12.0				10
21	5				11.0				5

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
25	5					15.0			5
23.5	5			1	8	10.0	15	45	8.5
24	5					10.0			9
23	5					10.0			8

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
33.5	8.5					15.0			10
36.5	9			3	12	17.5	25	50	10
37	9					18.0			10
38	8					20.0			10

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
22	5					12.0			5
21.5	5			1	7	10.0	15	45	6.5
22	5					10.0			7
15	5					5.0			5

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
26	7.5					13.5			5
25	5			1	8	10.0	15	45	10
25	5					10.0			10
27	7					15.0			5

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
25	5					12.0			8
23	5			2	5	10.0	15	30	8
23	5					10.0			8
18	7					9.0			2

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
20	5					10.0			5
20	5			1	5	10.0	14	45	5
20	5					10.0			5
18	7					9.0			2

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST

0								
0								
22	5			12.0				5
17	5	1	5	7.0	12	30		5
17	5			7.0				5
18	3			10.0				5

Total	PRE-TIME			INTRA-TIME					IMMD
Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
0									
0									
22	5					12.0			5
20	5			2	5	10.0	15	40	5
20	5					10.0			5
20	5					10.0			5

SS Rec Summary

ISSUE: Cardiac Electrophysiology Device Monitoring

TAB: 25

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	n/a			#DIV/0!						0									
2nd REF	n/a			#DIV/0!						0									
CURRENT	93279	Programming device evaluation		0.043			0.65			20	5					10.0			5
SVY			78	0.061	0.31	0.70	0.88	1.30	2.50	22	5			2	6	10.0	15	30	7
REC		maintain		0.038			0.65			22	5					10.0			7
MPC	76830	Ultrasound, transvaginal		0.040			0.69			23	5					10.0			8

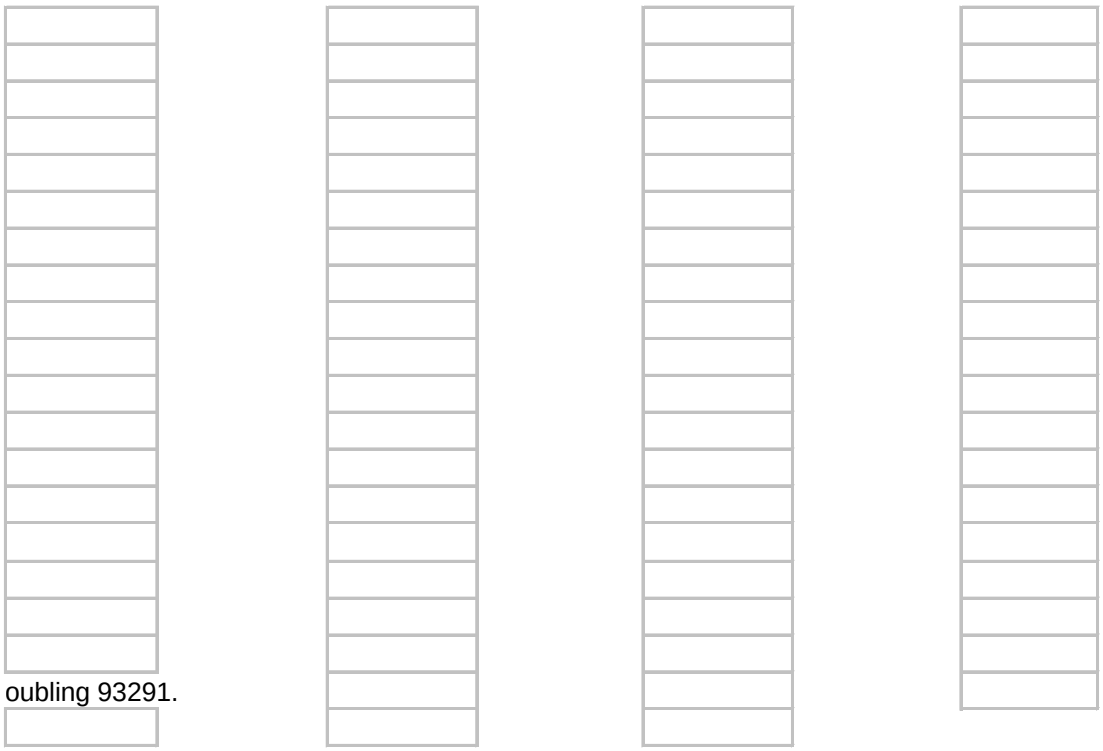
Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93750	Interrogation of ventricular assi	18	0.031			0.92			30						30.0			
2nd REF	99213	Office or other outpatient visit fo	14	0.053			0.97			23	3					15.0			5
CURRENT	93280	Programming device evaluation		0.032			0.77			27	5					17.0			5

Code	Desc	2016 wRVU	2016 Intra	2016 Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	20
93280	PM DEVICE PROGR EVAL DUAL	0.77	17	27
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	30
93282	ICD DEVICE PROGR EVAL SNGL	0.85	15	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	33
93284	ICD DEVICE PROGR EVAL MULTI	1.25	15	33.5
93285	ILR DEVICE PROGR EVAL	0.52	12	22
93286	PERI-PX PACEMAKER DEVICE EV	0.30	12	22
93287	PERI-PX ICD DEVICE EV	0.45	13.5	26
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.92	15	25
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	12	25
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	12	22
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	30
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	50
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	44

RUC Rationale Notes from 2008	Rec. wRVU
survey times, work neutrality calculated wRVU	0.65
survey times with modification, survey wRVU	0.77
RUC noted increasing intensity	0.90
survey times, survey 25th wRVU	0.85
survey times, survey 25th wRVU 1.18 (later reduced by CMS)	1.15
survey times, survey 25th wRVU	1.25
survey times, survey 25th wRVU; identical time to 93291, but harder	0.52
survey times, roughly half wRVU of 93279 since reported twice	0.30
survey times, roughly half wRVU of 93282 since reported twice	0.45
survey times, work neutrality calculated wRVU	0.43
survey times, wRUV crosswalk to 99213 was below survey 25th of 1.00	0.75
survey times, crosswalk to 93288/93291 wRVU	0.43
survey times, crosswalk to 93288 wRVU	0.43
survey times, crosswalk to 93288/93291/93290 wRVU	0.43
1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010	0.32
1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288	0.65
1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)	1.13
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228	0.52
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228	0.52

Rec. Intra	Rec. Total
10	22
15	32
16	33
12	28
15	35
17.5	37.5
10	20
10	21.5
10	25
10	22
10	23.5
10	23
7	17
10	20
5	15
15	33
15	35.5
10	46
10	34

Presentation Notes
Maintain. Below survey 25th 0.70.
Maintain. Above survey 25th 0.75. Time increase.
Maintain. Above survey 25th 0.89. Time increase.
Maintain. Matches survey 25th 0.85.
Maintain. Above survey 25th 0.91. Time increase.
Maintain. Above survey 25th 0.95. Time increase.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.70.
Maintain. Below survey 25th 0.60.
Reduce to survey 25th 0.75.
Maintain. Below survey 25th 0.58.
Maintain. Below survey 25th 0.50.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.40.
Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, d



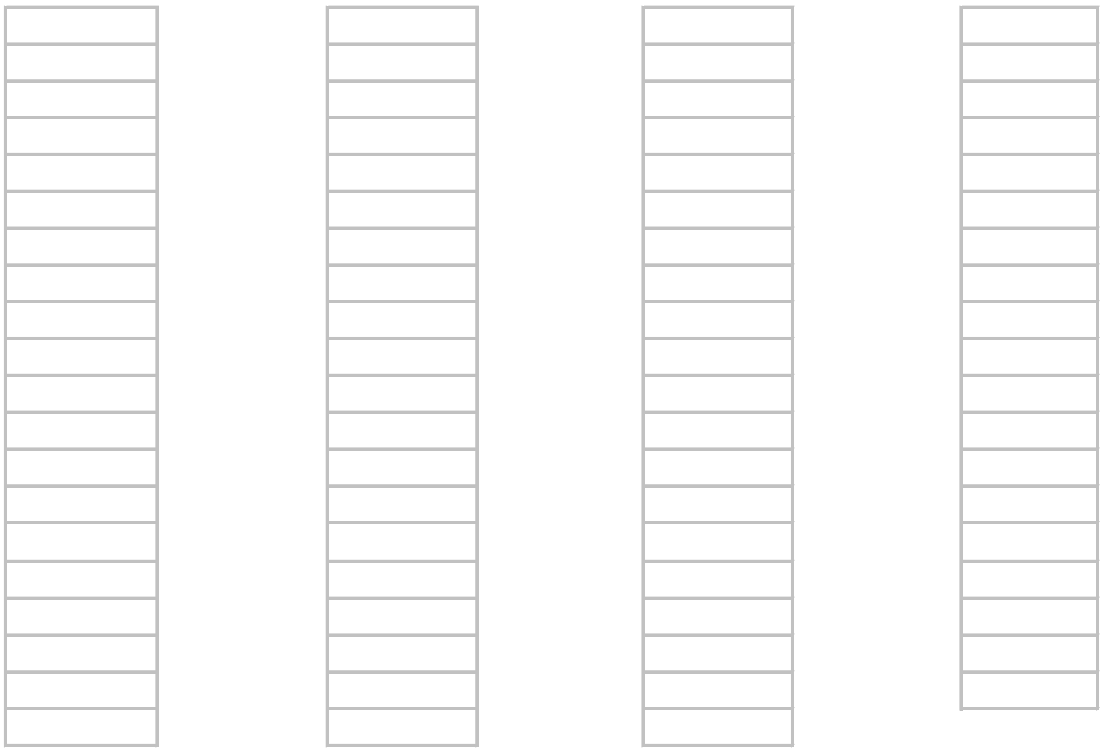
oubling 93291.



0

Code	Desc	2016 wRVU	2016 Intra	2016 Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	20
93280	PM DEVICE PROGR EVAL DUAL	0.77	17	27
93281	PM DEVICE PROGR EVAL MULTI	0.90	20	30
93282	ICD DEVICE PROGR EVAL SNGL	0.85	15	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	33
93284	ICD DEVICE PROGR EVAL MULTI	1.25	15	33.5
93285	ILR DEVICE PROGR EVAL	0.52	12	22
93286	PERI-PX PACEMAKER DEVICE EV	0.30	12	22
93287	PERI-PX ICD DEVICE EV	0.45	13.5	26
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.92	15	25
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	12	25
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	12	22
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL	0.32	10	20
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	30
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.29	22.5	37.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	50
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	24	44

2008 RUC Rationale Notes
survey times, work neutrality calculated wRVU
survey times with modification, survey wRVU
RUC noted increasing intensity
survey times, survey 25th wRVU
survey times, survey 25th wRVU 1.18 (later reduced by CMS)
survey times, survey 25th wRVU
survey times, survey 25th wRVU; identical time to 93291, but harder
survey times, roughly half wRVU of 93279 since reported twice
survey times, roughly half wRVU of 93282 since reported twice
survey times, work neutrality calculated wRVU
survey times, wRUV crosswalk to 99213 was below survey 25th of 1.00
survey times, crosswalk to 93288/93291 wRVU
survey times, crosswalk to 93288 wRVU
survey times, crosswalk to 93288/93291/93290 wRVU
1.9 transmissions per 90 days; 190% of survey times; 190% wRVU of 93010
1.5 transmissions per 90 days; 150% of 93288 times; 150% wRVU of 93288
1.5 transmissions per 90 days; 150% of 93289 times; 150% wRVU of 93289 (later reduced by CMS)
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228
2 transmissions per 30 days; 200% of 93290 times; wRVU crosswalk to 93228





0

Code	Desc	wRVU	Intra	Total
93279	PM DEVICE PROGR EVAL SNGL	0.65	10	22
93280	PM DEVICE PROGR EVAL DUAL	0.77	15	32
93281	PM DEVICE PROGR EVAL MULTI	0.90	16	33
93282	ICD DEVICE PROGR EVAL SNGL	0.85	12	28
93283	ICD DEVICE PROGR EVAL DUAL	1.15	15	35
93284	ICD DEVICE PROGR EVAL MULTI	1.25	17.5	37.5
93285	ILR DEVICE PROGR EVAL	0.52	10	20
93286	PERI-PX PACEMAKER DEVICE EV	0.30	10	21.5
93287	PERI-PX ICD DEVICE EV	0.45	10	25
93288	PM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	22
93289	ICD DEVICE INTERROGATION EVAL IN PERSON	0.75	10	23.5
93290	ICM DEVICE INTERROGATION EVAL IN PERSON	0.43	10	23
93291	ILR DEVICE INTERROGATION EVAL IN PERSON	0.43	7	17
93292	WCD DEVICE INTERROGATION EVAL IN PERSON	0.43	10	20
93293	TRANSTELEPHONIC PM PHONE R-STRIP DEVICE EVAL, 90-DAY	0.32	5	15
93294	PM DEVICE INTERROGATION REMOTE, 90-DAY	0.65	15	33
93295	ICD DEVICE INTERROGATION REMOTE, 90-DAY	1.13	15	35.5
93297	ICM DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	46
93298	ILR DEVICE INTERROGATION REMOTE, 30-DAY	0.52	10	34

Notes
Maintain. Below survey 25th 0.70.
Maintain. Above survey 25th 0.75. Time increase.
Maintain. Above survey 25th 0.89. Time increase.
Maintain. Matches survey 25th 0.85.
Maintain. Above survey 25th 0.91. Time increase.
Maintain. Above survey 25th 0.95. Time increase.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.70.
Maintain. Below survey 25th 0.60.
Reduce to survey 25th 0.75.
Maintain. Below survey 25th 0.58.
Maintain. Below survey 25th 0.50.
Maintain. Below survey 25th 0.60.
Maintain. Below survey 25th 0.40.
Maintain. RUC derived current times and values as 1.5 of 93288. We propose that method again.
Reduce. RUC derived current times and values as 1.5 of 93289. We propose that method again.
Maintain. Below survey 25th 0.55. RUC derived current times as double 93290. We propose that method again.
Maintain. Matches survey 25th 0.52. RUC derived current times as double 93290. We propose that method again, d

oubling 93291.

25
Tab Number

Cardiac Electrophysiology Device Monitoring Services
Issue

93279-93298
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

_Mark Schoenfeld, MD, FHRS_____
Printed Signature

Heart Rhythm Society_____
Specialty Society

_September 6, 2016_____
Date

25
Tab Number

Cardiac Electrophysiology Device Monitoring Services
Issue

93279-93298
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 Slotwiner, MD, FHRS
Printed Signature

Heart Rhythm Society
Specialty Society

September 6, 2016
Date

22, 25, 26
Tab Number

Extremity Angiography; Cardiac EP Device Monitoring; Stress Echocardiography
Issue

75710-75716; 93279-93299; 93350-93351
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

9/6/16
Date

CPT Code: 93279-93284, 93288-93292
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93279 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with report; single lead pacemaker system
93280 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with report; dual lead pacemaker system
93281 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with report; multiple lead pacemaker system
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
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
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
93288 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual or multiple lead pacemaker system
93289 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual or multiple lead implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements
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
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
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 Period: XXX Meeting Date: October 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 HRS utilized a consensus panel process to develop recommended 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: Current PE Inputs

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:

-On line 26 we recommend the addition of ~~5~~ 3 minutes for vitals. Blood pressure, heart rate, and weight~~, and height~~ are all obtained. We believe the lack of time for vitals to be an oversight or error.
-On lines 67 and 69 we recommend increasing the number of electrodes and disks from 4 to 5. 5 is the norm, and is already present for other codes in the family (93286, 93287). We believe this to have been an error.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes preservice diagnostic & referral forms

Intra-Service Clinical Labor Activities:

Med Tech/Asst greets patient, obtains vitals, prepares room, cleans room, and scans & files ~~PaceArt~~ report. These are clerical tasks less relevant than the highly skilled work performed by the nurse.

RN/LPN/MTA obtains consent, reviews charts, interrogates device and assists physician (line 36) using the physician intraservice time as an approximatation, prints & sends ~~PaceArt~~ report.

Post-Service Clinical Labor Activities:

CPT Code: 93285, 93291
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

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
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 Period: XXX Meeting Date: October 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 HRS utilized a consensus panel process to develop recommended 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: Current PE Inputs

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:

-On line 26 we recommend the addition of 5 minutes for vitals. Blood pressure, heart rate, weight, and height are all obtained. We believe the lack of time for vitals to be an oversight or error.
-On line 28 we recommend increasing staff time from 1 minute to 2 minutes to reflect the RUC standard for room prep.
-On lines 67 and 69 we recommend increasing the number of electrodes and disks from 4 to 5. 5 is the norm, and is already present for other codes in the family (93286, 93287). We believe this to have been an error.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes preservice diagnostic & referral forms

Intra-Service Clinical Labor Activities:

Med Tech/Asst greets patient, obtains vitals, cleans room, and scans & files PaceArt report.

RN/LPN/MTA obtains consent, prepares room, reviews charts, interrogates device, prints & sends PaceArt report.

Post-Service Clinical Labor Activities:

CPT Code: 93286-93287
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93286 Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure or test with report; single, dual or multiple lead pacemaker system
93287 Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure or test with report; single, dual or multiple lead implantable cardioverter defibrillator system

Global Period: XXX Meeting Date: October 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 HRS utilized a consensus panel process to develop recommended 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: Current PE Inputs

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:

-On line 28 we recommend increasing staff time from 0 minute to 2 minutes to reflect the RUC standard for room prep.
- On line 40 we recommend increasing staff time from 0 minute to 3 minutes to reflect the RUC standard for room cleaning.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

CPT Code: 93290, 93292
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

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
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 Period: XXX Meeting Date: October 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 HRS utilized a consensus panel process to develop recommended 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: Current PE Inputs

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:

-On line 26 we recommend the addition of 5 minutes for vitals. Blood pressure, heart rate, weight, height, and oxygen saturation are all obtained. We believe the lack of time for vitals to be an oversight or error.
-On line 28 we recommend increasing staff time from 1 minute to 2 minutes to reflect the RUC standard for room prep.
-On lines 67 and 69 we recommend increasing the number of electrodes and disks from 4 to 5. 5 is the norm, and is already present for other codes in the family (93286, 93287). We believe this to have been an error.
-Increase lines 72 and 73 for not highly technical equipment to include entire service period time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes preservice diagnostic & referral forms

Intra-Service Clinical Labor Activities:

Med Tech/Asst greets patient, obtains vitals, prepares room, cleans room, and scans & files PaceArt report.

RN/LPN/MTA obtains consent, reviews charts, interrogates device, prints & sends PaceArt report.

Post-Service Clinical Labor Activities:

CPT Code: 93293
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

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 Period: XXX Meeting Date: October 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 HRS utilized a consensus panel process to develop recommended 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: Current PE Inputs

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech receives and reviews remote transmissions, prepares report and distribution of results.

RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification

Post-Service Clinical Labor Activities:

CPT Code: 93296, 93299
Specialty Society('s) ACC, HRS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93296 Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable cardioverter defibrillator, remote data acquisitions), receipt of transmissions and technician review, technical support and distribution of results
93299 Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor or implantable loop recorder, remote data acquisition9s), receipt of transmissions and technician review, technical support and distribution of results

Global Period: XXX Meeting Date: October 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 HRS utilized a consensus panel process to develop recommended 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: Current PE Inputs

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: Code 93299 is carrier priced. We propose to crosswalk inputs from 93296 to 93299.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Electrodiagnostic tech enrolls patient, educates patient on use of device/service, receives and reviews remote transmissions, prepares report and distribution of results.

~~RN/LPN/MTA enrolls patient, educates patient on use of device/service; physician notification~~

Post-Service Clinical Labor Activities:

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L026A	Med Tech/Asst
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037D	RN/LPN/MTA

Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes

PM Office Codes

REFERENCE CODE				REFERENCE CODE				REFEREN
93288		93288		93279		93279		932
Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programm evaluation w adjustme implantable test the fun
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
30.0	0.0	33.0	0.0	33.0	0.0	33.0	0.0	37.0
20.0	0.0	20.0	0.0	23.0	0.0	20.0	0.0	27.0
2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0
18.0	0.0	18.0	0.0	21.0	0.0	18.0	0.0	25.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		2		2		2		2
3		3		3		3		3
		3				3		
3		3		3		3		3
2		2		2		2		2
2		2		2		2		2
10		10		13		10		17

3		3		3		3		3
3		3		3		3		3
2		2		2		2		2
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

1		1		1		1		1
4		4		4		4		4
4		5		4		5		4
10		10		10		10		15
4		5		4		5		4
18		31		21		31		25
18		31		21		31		25

ICE CODE			REFERENCE CODE				REFERENCE CODE	
280	93280		93281		93281		93289	
ing device with iterative ent of the e device to ction of the	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,	
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
0.0	38.0	0.0	43.0	0.0	39.0	0.0	38.0	0.0
0.0	25.0	0.0	33.0	0.0	26.0	0.0	28.0	0.0
0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0
0.0	23.0	0.0	31.0	0.0	24.0	0.0	26.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	2		2		2		2	
	3		3		3		3	
	3				3			
	3		3		3		3	
	2		2		2		2	
	2		2		2		2	
	15		23		16		18	

	3		3		3		3	
	3		3		3		3	
	2		2		2		2	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1		1		1		1	
	4		4		4		4	
	5		4		5		4	
	15		15		15		15	
	5		4		5		4	
	36		31		37		26	
	36		31		37		18	

		ICD Office Codes						
		REFERENCE CODE				REFERENCE CODE		
93289		93282		93282		93283		932
Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programm evaluation with ite adjustme implantable
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
33.0	0.0	38.0	0.0	35.0	0.0	44.0	0.0	38.0
20.0	0.0	28.0	0.0	22.0	0.0	34.0	0.0	25.0
2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0
18.0	0.0	26.0	0.0	20.0	0.0	32.0	0.0	23.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13.0	0.0	10.0	0.0	13.0	0.0	10.0	0.0	13.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		2		2		2		2
3		3		3		3		3
3				3				3
3		3		3		3		3
2		2		2		2		2
2		2		2		2		2
10		18		12		24		15

3		3		3		3		3
3		3		3		3		3
2		2		2		2		2
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

1		1		1		1		1
4		4		4		4		4
5		4		5		4		5
15		15		15		20		20
5		4		5		4		5
31		26		33		32		36
31		26		33		32		36

ILR Offic

	REFERENCE CODE				REFERENCE CODE			
283	93284		93284		93291		93291	
ing device (in person) erative ent of the e device to	Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other	
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
0.0	50.0	0.0	40.5	0.0	26.0	0.0	26.0	0.0
0.0	40.0	0.0	27.5	0.0	19.0	0.0	16.0	0.0
0.0	2.0	0.0	2.0	0.0	1.0	0.0	1.0	0.0
0.0	38.0	0.0	25.5	0.0	18.0	0.0	15.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	10.0	0.0	13.0	0.0	7.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	10.0	0.0	13.0	0.0	7.0	0.0	10.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	2		2		1		1	
	3		3		3		3	
			3				3	
	3		3		2		2	
	2		2		1		2	
	2		2		2		2	
	30		17.5		11		7	

	3		3		3		3	
	3		3		2		2	
	2		2		1		1	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1		1		1		1	
	4		4		4		4	
	4		5		4		5	
	20		20		15		15	
	4		5		4		5	
	38		38.5		18		25	
	38		38.5		18		25	

e Codes				ICM/WCD Office Codes				
REFERENCE CODE				**REFERENCE CODE**				**REFEREN**
93285		**93285**		**93290**		**93290**		**932**
Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogati evaluation with analys and rep physician
Non Fac	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
28.0	**0.0**	**29.0**	**0.0**	**17.0**	**0.0**	**27.0**	**0.0**	**20.0**
21.0	**0.0**	**19.0**	**0.0**	**9.0**	**0.0**	**15.0**	**0.0**	**12.0**
1.0	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
20.0	**0.0**	**18.0**	**0.0**	**8.0**	**0.0**	**14.0**	**0.0**	**11.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7.0	**0.0**	**10.0**	**0.0**	**8.0**	**0.0**	**12.0**	**0.0**	**8.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7.0	**0.0**	**10.0**	**0.0**	**8.0**	**0.0**	**12.0**	**0.0**	**8.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
1		**1**		**1**		**1**		**1**
3		**3**		**3**		**3**		**3**
		3				**3**		
2		**2**		**1**		**1**		**2**
1		**2**		**1**		**2**		**1**
2		**2**		**2**		**2**		**2**
13		**10**		**4**		**10**		**5**

3		3		3		3		3
2		2		1		1		2
1		1		1		1		1
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1
4		4		4		4		4
4		5		4		5		4
20		20		10		10		10
4		5		4		5		4
20		28		8		26		11
20		28		8		26		11

s			PM/ICD Periprocedural Codes					
ICE CODE			REFERENCE CODE				REFERENCE CODE	
292	93292		93286		93286		93287	
ion device (in person) sis, review ort by a or other	Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a	
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
0.0	29.0	0.0	19.0	0.0	28.0	0.0	21.0	0.0
0.0	17.0	0.0	14.0	0.0	18.0	0.0	16.0	0.0
0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
0.0	16.0	0.0	13.0	0.0	17.0	0.0	15.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	12.0	0.0	5.0	0.0	10.0	0.0	5.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	12.0	0.0	5.0	0.0	10.0	0.0	5.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1		1		1		1	
	3		3		3		3	
	3		1		0		1	
	2		2		2		2	
	2				2			
	2		2		2		2	
	10		5		10		7	

	3				3			
	2		3		3		3	
	1		2		2		2	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1		1		1		1	
	4		4		4		4	
	5		5		5		5	
	10		10		10		10	
	5		5		5		5	
			2		2		2	
	28		13		27		15	
	28		13		27		15	

93287		*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.	
Peri-procedural device evaluation and programming of device system parameters before or after a		**Meeting Date: October 2016** **Tab: 25** **Specialty: ACC, HRS**	**CMS Code**
Non Fac	**Facility**	**LOCATION**	
		GLOBAL PERIOD	**XXX**
28.0	**0.0**	**TOTAL CLINICAL LABOR TIME**	
18.0	**0.0**	**TOTAL CLINICAL LABOR TIME**	L037D
1.0	**0.0**	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D
17.0	**0.0**	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D
0.0	**0.0**	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D
10.0	**0.0**	**TOTAL CLINICAL LABOR TIME**	L037A
0.0	**0.0**	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037A
10.0	**0.0**	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037A
0.0	**0.0**	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037A
		PRE-SERVICE	
		Start: Following visit when decision for surgery or procedure made	
1		Complete pre-service diagnostic & referral forms	L037D
		Coordinate pre-surgery services	
		Schedule space and equipment in facility	
		Provide pre-service education/obtain consent	
		Follow-up phone calls & prescriptions	
		Other Clinical Activity - *specify:*	
		End: When patient enters office/facility for surgery/procedure	
		SERVICE PERIOD	
		Start: When patient enters office/facility for surgery/procedure:	
3		Greet patient, provide gowning, ensure appropriate medical records are available	L026A
0		Obtain vital signs	L037D
2		Provide pre-service education/obtain consent	L037D
2		Prepare room, equipment, supplies	L026A
		Setup scope (non facility setting only)	
		Prepare and position patient/ monitor patient/ set up IV	
		Sedate/apply anesthesia	
2		Other Clinical Activity - specify: Review charts	L037D
		Intra-service	
10		Assist physician in performing procedure	L037A

		Assist physician in performing procedure	L037D
		Assist physician/moderate sedation (% of physician time)	
		Post-Service	
		Monitor pt. following moderate sedation	
		Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	
3		Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	
		Clean room/equipment by physician staff	L026A
		Clean Scope	
3		Clean Surgical Instrument Package	
2		Complete diagnostic forms, lab & X-ray requisitions	L037D
		Complete diagnostic forms, lab & X-ray requisitions	L026A
		Review/read X-ray, lab, and pathology reports	
		Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	
n/a		Other Clinical Activity - *specify:*	
n/a		Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	
n/a		Dischrg mgmt (1.0 x 99238) (enter 12 min)	
		Dischrg mgmt (1.0 x 99239) (enter 15 min)	
		End: Patient leaves office	
		POST-SERVICE Period	
		Start: Patient leaves office/facility	
# visits	**# visits**	Conduct phone calls/call in prescriptions	
		Office visits: List Number and Level of Office Visits	
		99211 16 minutes	
		99212 27 minutes	
		99213 36 minutes	
		99214 53 minutes	
0.0	**0.0**	99215 63 minutes	
		Total Office Visit Time	
		Other Clinical Activity - *specify:*	
		End: with last office visit before end of global period	
1		**MEDICAL SUPPLIES***	**CODE**
4		pack, minimum multi-specialty visit	SA048
5		swab-pad, alcohol	SJ053
10		electrode adhesive disk	SJ019
5		paper, laser printing (each sheet)	SK057
2		electrode, ECG (single)	SD053
		gloves, non-sterile	SB022
27		**EQUIPMENT**	**CODE**
27		table, exam	EF023

		pacemaker follow-up system (incl software and hardware)	EQ198
		pacemaker interrogation, system	EQ320

	Transtelephonic							
	REFERENCE CODE				REFERENCE CODE			
	93293		93293		93296		93296	
Staff Type	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable	
	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
	48.0	0.0	48.0	0.0	28.0	0.0	28.0	0.0
RN/LPN/MTA	9.0	0.0	9.0	0.0	1.0	0.0	0.0	0.0
RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RN/LPN/MTA	9.0	0.0	9.0	0.0	1.0	0.0	0.0	0.0
RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EDX Tech	39.0	0.0	39.0	0.0	27.0	0.0	28.0	0.0
EDX Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EDX Tech	39.0	0.0	39.0	0.0	27.0	0.0	28.0	0.0
EDX Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RN/LPN/MTA								
Med Tech/Asst								
RN/LPN/MTA								
RN/LPN/MTA								
Med Tech/Asst								
RN/LPN/MTA								
EDX Tech	39		39		27		28	

RN/LPN/MTA	**9**		**9**		**1**		**0**	
Med Tech/Asst								
RN/LPN/MTA								
Med Tech/Asst								
	n/a		**n/a**		**n/a**		**n/a**	
	n/a		**n/a**		**n/a**		**n/a**	
	n/a		**n/a**		**n/a**		**n/a**	
	# visits	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
16								
27								
36								
53								
63								
	0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
UNIT								
pack								
item								
item								
item	**10**		**10**		**10**		**10**	
item								
pair								
minutes								

minutes			**39**				**28**	
minutes	**39**		**0**		**27**		**0**	

90-Day Remote Codes

REFERENCE CODE				REFERENCE CODE				REFEREN
93294		93294		93295		93295		932
Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable		Interrogati evaluation(s per 90 pacema implar
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.0
0.0	0.0	0.0	0.0	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
0.0	0.0	0.0	0.0	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
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	27.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	27.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

								1
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

								10

								27

			30-Day Remote Codes					
ICE CODE	REFERENCE CODE				REFERENCE CODE			
296	93299		93299		93297		93297	
ion device s), (remote), days, aker or ntable	Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor	
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
0.0	0.0	0.0	28.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	28.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	28.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
			28					

			0					
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	
	n/a		n/a		n/a		n/a	

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

			10					

			28					
			0					

REFERENCE CODE			
93298		93298	
Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,	
Non Fac	Facility	Non Fac	Facility
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0

n/a		n/a	
n/a		n/a	
n/a		n/a	

# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0

	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.**			**93288**		**93288**	
3	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
6	**TOTAL CLINICAL LABOR TIME**			**30.0**	**0.0**	**35.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**20.0**	**0.0**	**20.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**18.0**	**0.0**	**18.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
12	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
15	**PRE-SERVICE**						
16	**Start: Following visit when decision for surgery or procedure made**						
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**	
18	Coordinate pre-surgery services						
19	Schedule space and equipment in facility						
20	Provide pre-service education/obtain consent						
21	Follow-up phone calls & prescriptions						
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**	
27	Obtain vital signs	L026A	Med Tech/Asst			**5**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
29	Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**	
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV						
32	Sedate/apply anesthesia						
33	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L037D	RN/LPN/MTA	**10**		**10**	
36	Assist physician/moderate sedation (% of physician time)						
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	L026A	Med Tech/Asst	**3**		**3**	
42	Clean Scope						
43	Clean Surgical Instrument Package						
44	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**		**3**	
45	Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	**2**		**2**	
46	Review/read X-ray, lab, and pathology reports						
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
48	Other Clinical Activity - *specify:*						
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
52	**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.**			**93288**		**93288**	
3	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
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**
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**
63	Other Clinical Activity - *specify:*						
64	**End: with last office visit before end of global period**						
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
66	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
67	swab-pad, alcohol	SJ053	item	**4**		**4**	
68	electrode adhesive disk	SJ019	item	**4**		**5**	
69	paper, laser printing (each sheet)	SK057	item	**10**		**10**	
70	electrode, ECG (single)	SD053	item	**4**		**5**	
71							
72	**EQUIPMENT**	**CODE**					
73	table, exam	EF023	minutes	**18**		**33**	
74	pacemaker follow-up system (incl software and hardware)	EQ198	minutes	**18**		**33**	
75							
76							
77							

	A	B	C	H	I	J	K
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93279**		**93279**	
3	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
6	**TOTAL CLINICAL LABOR TIME**			**33.0**	**0.0**	**35.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**23.0**	**0.0**	**20.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**21.0**	**0.0**	**18.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
12	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
15	**PRE-SERVICE**						
16	**Start: Following visit when decision for surgery or procedure made**						
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**	
18	Coordinate pre-surgery services						
19	Schedule space and equipment in facility						
20	Provide pre-service education/obtain consent						
21	Follow-up phone calls & prescriptions						
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**	
27	Obtain vital signs	L026A	Med Tech/Asst			**5**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
29	Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**	
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV						
32	Sedate/apply anesthesia						
33	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L037D	RN/LPN/MTA	**13**		**10**	
36	Assist physician/moderate sedation (% of physician time)						
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	L026A	Med Tech/Asst	**3**		**3**	
42	Clean Scope						
43	Clean Surgical Instrument Package						
44	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**		**3**	
45	Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	**2**		**2**	
46	Review/read X-ray, lab, and pathology reports						
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
48	Other Clinical Activity - *specify:*						
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
52	**End: Patient leaves office**						

	A	B	C	H	I	J	K
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93279**		**93279**	
3	**Meeting Date: October 2016** **Tab: 25** **Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
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**
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**
63	Other Clinical Activity - *specify:*						
64	**End: with last office visit before end of global period**						
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
66	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
67	swab-pad, alcohol	SJ053	item	**4**		**4**	
68	electrode adhesive disk	SJ019	item	**4**		**5**	
69	paper, laser printing (each sheet)	SK057	item	**10**		**10**	
70	electrode, ECG (single)	SD053	item	**4**		**5**	
71							
72	**EQUIPMENT**	**CODE**					
73	table, exam	EF023	minutes	**21**		**33**	
74	pacemaker follow-up system (incl software and hardware)	EQ198	minutes	**21**		**33**	
75							
76							
77							

	A	B	C	L	M	N	O
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93280**		**93280**	
3	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
6	**TOTAL CLINICAL LABOR TIME**			**37.0**	**0.0**	**40.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**27.0**	**0.0**	**25.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**25.0**	**0.0**	**23.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
12	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
15	**PRE-SERVICE**						
16	**Start: Following visit when decision for surgery or procedure made**						
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**	
18	Coordinate pre-surgery services						
19	Schedule space and equipment in facility						
20	Provide pre-service education/obtain consent						
21	Follow-up phone calls & prescriptions						
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**	
27	Obtain vital signs	L026A	Med Tech/Asst			**5**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
29	Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**	
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV						
32	Sedate/apply anesthesia						
33	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L037D	RN/LPN/MTA	**17**		**15**	
36	Assist physician/moderate sedation (% of physician time)						
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	L026A	Med Tech/Asst	**3**		**3**	
42	Clean Scope						
43	Clean Surgical Instrument Package						
44	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**		**3**	
45	Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	**2**		**2**	
46	Review/read X-ray, lab, and pathology reports						
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
48	Other Clinical Activity - *specify:*						
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
52	**End: Patient leaves office**						

	A	B	C	L	M	N	O
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93280**		**93280**	
3	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
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**
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**
63	Other Clinical Activity - *specify:*						
64	**End: with last office visit before end of global period**						
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
66	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
67	swab-pad, alcohol	SJ053	item	**4**		**4**	
68	electrode adhesive disk	SJ019	item	**4**		**5**	
69	paper, laser printing (each sheet)	SK057	item	**15**		**15**	
70	electrode, ECG (single)	SD053	item	**4**		**5**	
71							
72	**EQUIPMENT**	**CODE**					
73	table, exam	EF023	minutes	**25**		**38**	
74	pacemaker follow-up system (incl software and hardware)	EQ198	minutes	**25**		**38**	
75							
76							
77							

	A	B	C	P	Q	R	S
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.**			**93281**		**93281**	
3	**Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
6	**TOTAL CLINICAL LABOR TIME**			**43.0**	**0.0**	**41.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**33.0**	**0.0**	**26.0**	**0.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**2.0**	**0.0**	**2.0**	**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**31.0**	**0.0**	**24.0**	**0.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
12	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**10.0**	**0.0**	**15.0**	**0.0**
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	L026A	Med Tech/Asst	**0.0**	**0.0**	**0.0**	**0.0**
15	**PRE-SERVICE**						
16	**Start: Following visit when decision for surgery or procedure made**						
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**		**2**	
18	Coordinate pre-surgery services						
19	Schedule space and equipment in facility						
20	Provide pre-service education/obtain consent						
21	Follow-up phone calls & prescriptions						
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst	**3**		**3**	
27	Obtain vital signs	L026A	Med Tech/Asst			**5**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
29	Prepare room, equipment, supplies	L026A	Med Tech/Asst	**2**		**2**	
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV						
32	Sedate/apply anesthesia						
33	Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA	**2**		**2**	
34	**Intra-service**						
35	Assist physician in performing procedure	L037D	RN/LPN/MTA	**23**		**16**	
36	Assist physician/moderate sedation (% of physician time)						
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	L026A	Med Tech/Asst	**3**		**3**	
42	Clean Scope						
43	Clean Surgical Instrument Package						
44	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**		**3**	
45	Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst	**2**		**2**	
46	Review/read X-ray, lab, and pathology reports						
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
48	Other Clinical Activity - *specify:*						
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
52	**End: Patient leaves office**						

	A	B	C	P	Q	R	S
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.**			**93281**		**93281**	
3	**Meeting Date: October 2016** **Tab: 25** **Specialty: ACC, HRS**	**CMS Code**	**Staff Type**	Programming device evaluation with iterative adjustment of the implantable device to test the function of the		Programming device evaluation with iterative adjustment of the implantable device to test the function of the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**	**XXX**					
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**
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**
63	Other Clinical Activity - *specify:*						
64	**End: with last office visit before end of global period**						
65	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
66	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
67	swab-pad, alcohol	SJ053	item	**4**		**4**	
68	electrode adhesive disk	SJ019	item	**4**		**5**	
69	paper, laser printing (each sheet)	SK057	item	**15**		**15**	
70	electrode, ECG (single)	SD053	item	**4**		**5**	
71							
72	**EQUIPMENT**	**CODE**					
73	table, exam	EF023	minutes	**31**		**39**	
74	pacemaker follow-up system (incl software and hardware)	EQ198	minutes	**31**		**39**	
75							
76							
77							

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L026A	Med Tech/Asst
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037D	RN/LPN/MTA

Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes

REFERENCE CODE				REFERENCE CODE				REFEREN
93289		93289		93282		93282		932
Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Interrogation device evaluation (in person) with physician analysis, review and report, includes connection,		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programm evaluation with ite adjustme implantable
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
38.0	0.0	35.0	0.0	38.0	0.0	37.0	0.0	44.0
28.0	0.0	20.0	0.0	28.0	0.0	22.0	0.0	34.0
2.0	0.0	2.0	0.0	2.0	0.0	2.0	0.0	2.0
26.0	0.0	18.0	0.0	26.0	0.0	20.0	0.0	32.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	15.0	0.0	10.0	0.0	15.0	0.0	10.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10.0	0.0	15.0	0.0	10.0	0.0	15.0	0.0	10.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2		2		2		2		2
3		3		3		3		3
		5				5		
3		3		3		3		3
2		2		2		2		2
2		2		2		2		2
18		10		18		12		24

3		3		3		3		3
3		3		3		3		3
2		2		2		2		2
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1		1
4		4		4		4		4
4		5		4		5		4
15		15		15		15		20
4		5		4		5		4
26		33		26		35		32
18		33		26		35		32

ICE CODE			REFERENCE CODE			
283	93283		93284		93284	
ing device (in person) erative nt of the e device to	Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to		Programming device evaluation (in person) with iterative adjustment of the implantable device to	
Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
0.0	40.0	0.0	50.0	0.0	42.5	0.0
0.0	25.0	0.0	40.0	0.0	27.5	0.0
0.0	2.0	0.0	2.0	0.0	2.0	0.0
0.0	23.0	0.0	38.0	0.0	25.5	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	15.0	0.0	10.0	0.0	15.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	15.0	0.0	10.0	0.0	15.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0
	2		2		2	
	3		3		3	
	5				5	
	3		3		3	
	2		2		2	
	2		2		2	
	15		30		17.5	

	3		3		3		
	3		3		3		Print PaceArt report
	2		2		2		Scan & File
	n/a		n/a		n/a		
	n/a		n/a		n/a		
	n/a		n/a		n/a		
# visits	# visits	# visits	# visits	# visits	# visits	# visits	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	1		1		1		
	4		4		4		
	5		4		5		
	20		20		20		
	5		4		5		
	38		38		40.5		not highly technical c
	38		38		40.5		not highly technical c

& send

corresponds to total intraservice period

corresponds to total intraservice period

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L026A	Med Tech/Asst
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L037D	RN/LPN/MTA
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037D	RN/LPN/MTA

Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes

REFERENCE CODE				REFERENCE CODE				
93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other		93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other		93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to		93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to		
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	
26.0	0.0	28.0	0.0	28.0	0.0	31.0	0.0	
19.0	0.0	16.0	0.0	21.0	0.0	19.0	0.0	
1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	
18.0	0.0	15.0	0.0	20.0	0.0	18.0	0.0	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
7.0	0.0	12.0	0.0	7.0	0.0	12.0	0.0	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
7.0	0.0	12.0	0.0	7.0	0.0	12.0	0.0	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1		1		1		1		
3		3		3		3		
		5				5		
2		2		2		2		2 minutes
1		2		1		2		
2		2		2		2		
11		7		13		10		

3		3		3		3		
								Print Pace
2		2		2		2		Scan & Fil
1		1		1		1		
n/a		n/a		n/a		n/a		
n/a		n/a		n/a		n/a		
n/a		n/a		n/a		n/a		
# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1		1		1		1		
4		4		4		4		
4		5		4		5		
15		15		20		20		
4		5		4		5		
								not highly
18		27		20		30		not highly
18		27		20		30		

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technical corresponds to total intraservice period
technical corresponds to total intraservice period

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L026A	Med Tech/Asst
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037D	RN/LPN/MTA

Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes

REFERENCE CODE				REFERENCE CODE			
93290		93290		93292		93292	
Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other		Interrogation device evaluation (in person) with analysis, review and report by a physician or other	
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
17.0	0.0	29.0	0.0	20.0	0.0	31.0	0.0
9.0	0.0	15.0	0.0	12.0	0.0	17.0	0.0
1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0
8.0	0.0	14.0	0.0	11.0	0.0	16.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8.0	0.0	14.0	0.0	8.0	0.0	14.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8.0	0.0	14.0	0.0	8.0	0.0	14.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1		1		1		1	
3		3		3		3	
		5				5	
1		1		2		2	
1		2		1		2	
2		2		2		2	
4		10		5		10	

2 minutes

3		3		3		3		
1		1		2		2		Print Pace
1		1		1		1		Scan & Fil
n/a		n/a		n/a		n/a		
n/a		n/a		n/a		n/a		
n/a		n/a		n/a		n/a		

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

1		1		1		1		
4		4		4		4		
4		5		4		5		
10		10		10		10		
4		5		4		5		
8		28		11		30		not highly
8		28		11		30		not highly

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technical corresponds to total intraservice period
technical corresponds to total intraservice period

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL PRE-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Med Tech/Asst
TOTAL POST-SERV CLINICAL LABOR TIME	L026A	Med Tech/Asst
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L037D	RN/LPN/MTA
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037D	RN/LPN/MTA

Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item
gloves, non-sterile	SB022	pair
EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes

REFERENCE CODE				REFERENCE CODE				
93286		93286		93287		93287		
Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		Peri-procedural device evaluation and programming of device system parameters before or after a		
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	
19.0	0.0	28.0	0.0	21.0	0.0	28.0	0.0	
14.0	0.0	18.0	0.0	16.0	0.0	18.0	0.0	
1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	
13.0	0.0	17.0	0.0	15.0	0.0	17.0	0.0	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
5.0	0.0	10.0	0.0	5.0	0.0	10.0	0.0	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
5.0	0.0	10.0	0.0	5.0	0.0	10.0	0.0	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1		1		1		1		
3		3		3		3		
1		0		1		0		Vitals are
2		2		2		2		
		2				2		2 minutes
2		2		2		2		
5		10		7		10		

		3				**3**		3 MINUTE
3		**3**		**3**		**3**		Print Pace
2		**2**		**2**		**2**		Scan & Fil
n/a		**n/a**		**n/a**		**n/a**		
n/a		**n/a**		**n/a**		**n/a**		
n/a		**n/a**		**n/a**		**n/a**		
# visits	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	
0.0	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
1		**1**		**1**		**1**		
4		**4**		**4**		**4**		
5		**5**		**5**		**5**		
10		**10**		**10**		**10**		
5		**5**		**5**		**5**		
2		**2**		**2**		**2**		
13		**27**		**15**		**27**		not highly
13		**27**		**15**		**27**		not highly

not taken in this setting.

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technical corresponds to total intraservice period
technical corresponds to total intraservice period

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L037D	RN/LPN/MTA
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037A	EDX Tech

Assist physician in performing procedure	L037D	RN/LPN/MTA
Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item
gloves, non-sterile	SB022	pair

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes
pacemaker interrogation, system	EQ320	minutes

REFERENCE CODE

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead		93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead	
Non Fac	**Facility**	**Non Fac**	**Facility**
48.0	**0.0**	**48.0**	**0.0**
9.0	**0.0**	**9.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**
9.0	**0.0**	**9.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**
39.0	**0.0**	**39.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**
39.0	**0.0**	**39.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**
39		**39**	

9		9	
n/a		n/a	
n/a		n/a	
n/a		n/a	

# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0

10		10	

39		39	

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L037D	RN/LPN/MTA
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify:	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037A	EDX Tech

Assist physician in performing procedure	L037D	RN/LPN/MTA
Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item
gloves, non-sterile	SB022	pair

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes
pacemaker interrogation, system	EQ320	minutes

REFERENCE CODE				REFERENCE CODE				REFEREN
93296		93296		93294		93294		932
Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system		Interrogati evaluation(s up to 90 da dual or mu implar
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
28.0	0.0	28.0	0.0	0.0	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	0.0	0.0	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
27.0	0.0	28.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
27.0	0.0	28.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
27		28						

1		0						
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a

# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

10		10						

27		28						

ICE CODE		
295	93295	
ion device s) (remote), ays; single, ltiple lead ntable	Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable	
Facility	**Non Fac**	**Facility**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**
0.0	**0.0**	**0.0**

			Patient enrollment, education on use of device/service; physic
	n/a		
	n/a		
	n/a		
# visits	# visits	# visits	
0.0	0.0	0.0	

port and distribution of results; originally assumed 1.5 transmission per 90 days. Data from industry sho

ian notification

ws screens are "viewed and/or printed" an average of 2.4 times per 90 days.

***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**

Meeting Date: October 2016 Tab: 25 Specialty: ACC, HRS	**CMS Code**	**Staff Type**
LOCATION		
GLOBAL PERIOD	**XXX**	
TOTAL CLINICAL LABOR TIME		
TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA
TOTAL CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL PRE-SERV CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037A	EDX Tech
TOTAL POST-SERV CLINICAL LABOR TIME	L037A	EDX Tech
PRE-SERVICE		
Start: Following visit when decision for surgery or procedure made		
Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA
Coordinate pre-surgery services		
Schedule space and equipment in facility		
Provide pre-service education/obtain consent		
Follow-up phone calls & prescriptions		
Other Clinical Activity - *specify:*		
End: When patient enters office/facility for surgery/procedure		
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	L026A	Med Tech/Asst
Obtain vital signs	L037D	RN/LPN/MTA
Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
Prepare room, equipment, supplies	L026A	Med Tech/Asst
Setup scope (non facility setting only)		
Prepare and position patient/ monitor patient/ set up IV		
Sedate/apply anesthesia		
Other Clinical Activity - specify: Review charts	L037D	RN/LPN/MTA
Intra-service		
Assist physician in performing procedure	L037A	EDX Tech

Assist physician in performing procedure	L037D	RN/LPN/MTA
Assist physician/moderate sedation (% of physician time)		
Post-Service		
Monitor pt. following moderate sedation		
Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
Clean room/equipment by physician staff	L026A	Med Tech/Asst
Clean Scope		
Clean Surgical Instrument Package		
Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA
Complete diagnostic forms, lab & X-ray requisitions	L026A	Med Tech/Asst
Review/read X-ray, lab, and pathology reports		
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
Other Clinical Activity - *specify:*		
Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
Dischrg mgmt (1.0 x 99238) (enter 12 min)		
Dischrg mgmt (1.0 x 99239) (enter 15 min)		
End: Patient leaves office		
POST-SERVICE Period		
Start: Patient leaves office/facility		
Conduct phone calls/call in prescriptions		
Office visits: List Number and Level of Office Visits		
99211 16 minutes		16
99212 27 minutes		27
99213 36 minutes		36
99214 53 minutes		53
99215 63 minutes		63
Total Office Visit Time		
Other Clinical Activity - *specify:*		
End: with last office visit before end of global period		

MEDICAL SUPPLIES*	**CODE**	**UNIT**
pack, minimum multi-specialty visit	SA048	pack
swab-pad, alcohol	SJ053	item
electrode adhesive disk	SJ019	item
paper, laser printing (each sheet)	SK057	item
electrode, ECG (single)	SD053	item
gloves, non-sterile	SB022	pair

EQUIPMENT	**CODE**	
table, exam	EF023	minutes
pacemaker follow-up system (incl software and hardware)	EQ198	minutes
pacemaker interrogation, system	EQ320	minutes

REFERENCE CODE		REFERENCE CODE				REFERENCE CODE		
93296		93299		93299		93297		932
Interrogation device evaluation(s), (remote), per 90 days, pacemaker or implantable		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote), per 30 days, implantable cardiovascular monitor		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor		Interrogati evaluation(s up to 3(implar cardiovascu
Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
28.0	0.0	0.0	0.0	28.0	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	0.0	0.0	0.0	0.0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
27.0	0.0	0.0	0.0	28.0	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
27.0	0.0	0.0	0.0	28.0	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
27				28				

1				0				
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
n/a		n/a		n/a		n/a		n/a
# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10				10				
27				28				

	REFERENCE CODE			
297 ion device s), (remote) 0 days; ntable ular monitor	93298 Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,		93298 Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,	
Facility	**Non Fac**	**Facility**	**Non Fac**	**Facility**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**
0.0	**0.0**	**0.0**	**0.0**	**0.0**

	n/a		n/a	
	n/a		n/a	
	n/a		n/a	

# visits	# visits	# visits	# visits	# visits
0.0	0.0	0.0	0.0	0.0

s PM/ICD. Data from industry shows screens are "viewed and/or printed" an average of 3.9 times per 30

) days.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Stress Transthoracic Echocardiography (TTE) Complete

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 93351 was identified as part of this screen.

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

The RUC reviewed the survey responses from 96 cardiologists and determined that the current work RVU of 1.46, which is below the survey 25th percentile of 1.52, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes of pre-service time, 15 minutes of intra-service time and 10 minutes of post-service time. The RUC compared the surveyed code to CPT code 95865 *Needle electromyography; larynx* (work RVU=1.57 and 15 minutes intra-service time) and noted that the survey code has more intra-service and total time, while only having slightly lower intensity of physician work, justifying a similar valuation. The RUC also referenced MPC codes 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU = 1.44 and 17 minutes intra-service time) and *99203 Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 1.42 and 20 minutes intra-service time), which demonstrate that the surveyed service is appropriate relative to other similar services in the physician payment schedule. **The RUC recommends a work RVU of 1.46 for CPT code 93350.**

The RUC noted that if CPT code 93350 is separately reported with 93018 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only* (work RVU = 0.30 and 5 minutes intra-service time) the resulting work RVU and intra-service time equal the same as what is recommended for these services bundled together, (1.46+0.30=1.76 work RVUs and 15 minutes + 5 minutes intra-service time = 20 minutes intra-service time), which is CPT code 93351 (work RVU = 1.75 and 20 minutes intra-service time). Therefore, the RUC determined that 93350 and 93351 are correctly valued.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

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

The RUC reviewed the survey responses from 104 cardiologists and determined that the current work RVU of 1.75, which is the survey 25th percentile, appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes of pre-service time, 20 minutes of intra-service time and 10 minutes of post-service time. The RUC compared the surveyed code to the 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 of intra-service time) and noted that 68% of the respondents that selected 78452 as the key reference code indicated that the surveyed code was more intense and complex. The RUC also referenced MPC codes 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74 and 22 minutes intra-service time) and *92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU = 1.82 and 25 minutes intra-service time), which demonstrate that the surveyed service is appropriate relative to other similar services in the physician payment schedule. **The RUC recommends a work RVU of 1.75 for CPT code 93351.**

The RUC noted that if CPT code 93350 is separately reported with 93018 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only* (work RVU = 0.30 and 5 minutes intra-service time), the resulting work RVU and intra-service time equal the same as what is recommended for these services bundled together, (1.46+0.30=1.76 work RVUs and 15 minutes + 5 minutes intra-service time = 20 minutes intra-service time), which is CPT code 93351. Therefore, the RUC determined that 93350 and 93351 are correctly valued.

Practice Expense

The Practice Expense Subcommittee modified the direct practice expense inputs reducing monitoring from 8 minutes to 5 minutes to account for any multi-tasking; moved 3 minutes for *Check dressings & wound/ home care instructions /coordinate office visits /prescriptions* from line 61 to line 62 to represent the RN/LPM/MTA blend, changed equipment changed form a workstation to a PACS workstation and appropriate minutes of 20 minutes for the 93350 and 30 minutes for the 93351 and deleted exam table which is part of the ultrasound room. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93350 (f)	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;	XXX	1.46 (No Change)
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	XXX	1.75 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93351 Tracking Number Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: XXX RUC Recommended RVU: **1.75**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old man with systemic hypertension and ongoing tobacco abuse presents with exertional chest pressure. his resting ECG shows left ventricular hypertrophy with QRS widening, and secondary repolarization changes. A treadmill stress echocardiogram is performed to determine the extent and severity of myocardial ischemia.

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%

Description of Pre-Service Work: The physician reviews the request for stress echocardiography and relevant clinical records to clarify the indications for the procedure and to determine the clinical questions that need to be answered. The physician provides direct supervision of the patient in the stress testing laboratory.

Description of Intra-Service Work: The physician reviews the resting echocardiographic images to be sure there is adequate visualization of all LV segments. The physician reviews the sequence of tomographic images, recorded both at baseline and again immediately following completion of treadmill exercise. Global and regional ventricular performance is evaluated carefully. Other cardiac causes of chest pain are also assessed. Where appropriate, measurements of cardiac structure and function are made. When available, prior studies are retrieved and reviewed side-by-side with the current images. A diagnostic interpretation is developed. The physician also reviews and analyzes the stress ECG, which includes starting and ending hemodynamics, arrhythmias, symptoms (especially chest pain), ST segment changes, functional capacity, and any other elements that are relevant to the interpretation of a stress ECG examination.

Description of Post-Service Work: The physician discusses the test result with the patient. The physician dictates a report, which specifies results of the resting echocardiogram, the stress echocardiogram, and the ECG/physiologic response to stress. Results are transmitted to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Richard Wright, MD; Thad Waites, MD; Michael Main, MD		
Specialty(s):	ACC, ASE		
CPT Code:	93351		
Sample Size:	1818	**Resp N:** 104	**Response:** 5.7 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	40.00	**120.00**	250.00	1200.00
Survey RVW:	0.75	1.75	**2.00**	2.50	3.70
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93351	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? 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
93312	XXX	2.55	**RUC Time**

CPT Descriptor Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,160,758

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,252,320

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 21.1 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 21.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 93351	Top Key Reference CPT Code: 78452	2nd Key Reference CPT Code: **93312**
Median Pre-Service Time	10.00	10.00	15.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	10.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**40.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.45	0.41
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.45	0.59
Urgency of medical decision making	0.27	0.41
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.68	0.09
Physical effort required	0.45	0.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.27	0.00
Outcome depends on the skill and judgment of physician	0.55	0.14
Estimated risk of malpractice suit with poor outcome	0.23	0.36

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.73	0.41

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.

93351 is the primary stress echocardiography code. It describes the work of both supervising and interpreting a cardiovascular stress test as well as acquiring/interpreting images and acquiring results of rest and stress transthoracic echocardiogram, and creating a report that incorporates resting echocardiogram, stress echocardiogram, and the ECG/physiologic response to stress. It may be helpful for the RUC to recall that 93351 resulted from the first screen of services reported together 75% of the time. Stress echo-only code 93350 and cardiovascular stress test code 93315 were combined to create 93351 in 2008. The current times and values reflect that effort.

CMS identified 93351 in CY 2016 rulemaking as potentially misvalued through its high-expenditure screen. A random survey of ACC and ASE members was executed with 104 completed surveys. The information obtained is used to develop the survey results in the SOR and the summary spreadsheet.

The key reference services were each selected by 22 respondents. Respondents who selected SPECT-MPI code 78452 found 93351 to be more intense/complex in every factor. Since the two codes have identical times under our proposal, a key reference code of slightly less intensity and work aligns well with the recommendation. Respondents who selected transesophageal echocardiography code 93312 indicated 93351 to be more intense/complex in every factor. 93312 is a longer service, but the IWPUTs still align with the perception of the respondents to support the recommendation for 93351. It is reasonable to note that in response to CMS's ongoing hunt for misvalued services the RUC also recently reviewed the family of transthoracic echocardiography codes. None of these were available for use in the reference service list. However, we believe the main TTE code, 93306, which is a component of 93351, would have been a common KRS selection had it been included.

Reflecting the robust survey, alignment with key reference services, and alignment with MPC comparators the societies recommend **maintaining the current work RVU of 1.75 with median survey times of 10 minutes preservice, 20 minutes intraservice, and 10 minutes postservice**. The recommendation to maintain the current work RVU is the same as the survey 25th-percentile work RVU.

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) 93351

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 internal medicine How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 512000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Utilization is estimated to be roughly even between Medicare and non-medicare populations.

Specialty cardiology Frequency 480000 Percentage 93.75 %

Specialty internal medicine Frequency 32000 Percentage 6.25 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 256,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 utilization

Specialty cardiology Frequency 240000 Percentage 93.75 %

Specialty internal medicine Frequency 16000 Percentage 6.25 %

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 93351

If this code is a new/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:93350 Tracking Number Original Specialty Recommended RVU: **1.46**
Presented Recommended RVU: **1.46**
Global Period: XXX RUC Recommended RVU: **1.46**

CPT Descriptor: 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;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old man with systemic hypertension and ongoing tobacco abuse presents with exertional chest pressure. his resting ECG shows left ventricular hypertrophy with QRS widening, and secondary repolarization changes. A treadmill stress echocardiogram is performed to determine the extent and severity of myocardial ischemia.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review request for stress echocardiography and relevant clinical records to clarify the indications for the procedure and to determine the clinical questions that need to be answered.

Description of Intra-Service Work: The physician reviews the sequence of tomographic images, recorded both at baseline and again immediately following completion of treadmill exercise. Global and regional ventricular performance is evaluated carefully. Other cardiac causes of chest pain are also assessed. Where appropriate, measurements of cardiac structure and function are made. When available, prior studies are retrieved and reviewed side-by-side with the current images. A diagnostic interpretation is developed.

Description of Post-Service Work: The physician may discuss the test result with the patient or referring physician. The physician dictates a report, which specifies results of the resting echocardiogram and the stress echocardiogram. Results are transmitted to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Richard Wright, MD; Thad Waites, MD; Michael Main, MD				
Specialty(s):	ACC, ASE				
CPT Code:	93350				
Sample Size:	1818	**Resp N:**	96	**Response:** 5.2 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	40.00	**100.00**	200.00	1200.00
Survey RVW:	0.40	1.52	**1.64**	2.00	3.70
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**15.00**	20.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93350	**Recommended Physician Work RVU: 1.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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
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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	XXX	1.44	**RUC Time**	22,458

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	10,894,072

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.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 37.5 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 93350	**Top Key Reference CPT Code:** 78452	**2nd Key Reference CPT Code:** **78454**
Median Pre-Service Time	5.00	10.00	5.00
Median Intra-Service Time	15.00	20.00	15.00
Median Immediate Post-service Time	10.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**40.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.42	0.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.56
Urgency of medical decision making	0.19	0.22

Technical Skill/Physical Effort (Mean)

Technical skill required	0.53	0.89
Physical effort required	0.42	0.56

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.28	0.17
Outcome depends on the skill and judgment of physician	0.56	0.72
Estimated risk of malpractice suit with poor outcome	0.25	0.28

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.50	0.72

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.

93350 is the secondary stress echocardiography code. It describes the work of acquiring/interpreting images, acquiring results of rest and stress transthoracic echocardiogram, and creating a report. It is reported when the cardiovascular stress test portion of the exam is performed by a second physician.

CMS identified family code 93351 in CY 2016 rulemaking as potentially misvalued through its high-expenditure screen. A random survey of ACC and ASE members was executed with 95 completed surveys. The information obtained is used to develop the survey results in the SOR and the summary spreadsheet.

The key reference service was selected by 36 respondents. Respondents who selected multiple SPECT –MPI code 78452 found 93350 to be more intense/complex in every factor. Since 93350 has less time under our proposal than 78452, a key reference code of slightly less intensity aligns well with the recommendation. The second key reference code was selected by 18 respondents. Respondents who selected the less common multiple planar-MPI code 78454 found 93350 to be more intense/complex in every factor. It is again worth mentioning that more obvious KRS 93306 was not available due to ongoing reviews of potentially misvalued services.

Reflecting the robust survey, alignment with key reference services, and alignment with MPC comparators the societies recommend **maintaining the current work RVU of 1.46 with median survey times of 5 minutes preservice, 15 minutes intraservice, and 10 minutes postservice**. This recommendation is below the survey 25th-percentile value and forms a reasonable increment below code 93351.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93350

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 internal medicine How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 222000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Utilization is estimated to be roughly even between Medicare and non-medicare populations.

Specialty cardiology Frequency 210000 Percentage 94.59 %

Specialty internal medicine Frequency 12000 Percentage 5.40 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 111,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 utilization

Specialty cardiology Frequency 105000 Percentage 94.52 %

Specialty internal medicine Frequency 6000 Percentage 5.40 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
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 93350

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93350	**# of Respondents:**	96
Survey Code Descriptor:	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;		

Top Ref Code:	78452	**# of Respondents:**	36	**% of Respondents:**	37.5
Top Ref Code 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				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	58%	33%	9%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	67%	33%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	72%	28%
	Urgency of medical decision making	3%	75%	22%
Technical Skill:		8%	44%	48%
Physical Effort:		3%	64%	33%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	78%	22%
	Outcome depends on the skill and judgment of physician	0%	56%	44%
	Estimated risk of malpractice suite with poor outcome	0%	78%	22%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	93351	**# of Respondents:**	104
Survey Code Descriptor:	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		

Top Ref Code:	78452	**# of Respondents:**	22	**% of Respondents:**	21.1
Top Ref Code 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				

Survey Code Compared to Top Ref Code

Survey Code is:

Much Less	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
0%	0%	32%	64%	4%

Overall Intensity and Complexity:

Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	**Less**	**Identical**	**More**
		0%	64%	36%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	**Less**	**Identical**	**More**
		0%	64%	36%
	Urgency of medical decision making	**Less**	**Identical**	**More**
		0%	73%	27%
Technical Skill:		**Less**	**Identical**	**More**
		9%	23%	68%
Physical Effort:		**Less**	**Identical**	**More**
		0%	59%	41%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	**Less**	**Identical**	**More**
		5%	68%	27%
	Outcome depends on the skill and judgment of physician	**Less**	**Identical**	**More**
		0%	50%	50%
	Estimated risk of malpractice suite with poor outcome	**Less**	**Identical**	**More**
		0%	77%	23%

SS Rec Summary

ISSUE: Stress Echocardiography

TAB: 26

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	78452	Myocardial perfusion imaging, t	22	0.059			1.62			40	10					20			10
2nd REF	93312	Echocardiography, transesopha	22	0.063			2.55			60	15					30			15
CURRENT	93351	Echocardiography, transthoraci		0.071			1.75			35	5					20			10
SVY	93351		104	0.078	0.75	1.75	2.00	2.50	3.70	40	10			5	15	20	30	90	10
REC	93351	Echocardiography, transthoracic, real-		0.065			1.75			40	10					20			10
MPC	74176	Computed tomography, abdome		0.069			1.74			32	5					22			5
MPC	92004	Ophthalmological services: med		0.059			1.82			40	5					25			10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	78452	Myocardial perfusion imaging, t	36	0.059			1.62			40	10					20			10
2nd REF	78454	Myocardial perfusion imaging, p	18	0.074			1.34			25	5					15			5
CURRENT	93350	Echocardiography, transthoraci		0.064			1.46			28	3					20			5

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1								
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1		1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1								
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1								
REC	55555	abc		0.020			4.25			142	17	1	3			30			10								1	1.0			1								

22, 25, 26
Tab Number

Extremity Angiography; Cardiac EP Device Monitoring; Stress Echocardiography
Issue

75710-75716; 93279-93299; 93350-93351
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

9/6/16
Date

__26_____
Tab Number

__Stress Echocardiography _
Issue

__93350-93351__
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

__September 6, 2016_____
Date

CPT Code: 93350-93351
Specialty Society(s) ACC, ASE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **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 Period: XXX Meeting Date: October 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. A number of recommendations to add clinical staff time result from an attempt to be consistent within the family of two codes that have not been reviewed together before, or 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 code 93350.

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:

-On line 45 we recommend adding 2 minutes of staff time for review of history and any prior echocardiogram, consistent with clinical practice and family code 93351.
-On line 105 we recommend adding 1 minutes to the echo workstation that corresponds to line 66 for PACS scanning and is consistent with family code 93351.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Cardiac sonographer prepares room, positions patient, reviews history & prior echocardiogram, acquires images (*The sonographer hooks up a three-lead ECG for gating, places the patient in left lateral decubitus position, and obtains a baseline echocardiogram at rest, including assessment of ventricular function, chamber sizes, wall thicknesses, wall motion, aortic root, and valves. Images are acquired from multiple cardiac windows including the parasternal long axis, parasternal short axis, apical four chamber, and apical two chamber views. Resting echocardiographic images are reviewed to ensure adequate visualization of all left ventricle (LV) segments. Cardiac sonographer is present throughout exercise protocol so that peak stress imaging can begin immediately upon cessation of exercise. The sonographer records echocardiographic images for assessment of left ventricular wall motion immediately after exercise ends. In the case of treadmill exercise, the patient must be moved onto the*

examination table and placed in the left decubitus position.), cleans room, ~~coordinates office visits/home care/prescriptions~~, QCs images in PACs consistent with IAC echo accreditation standards, reviews exam with interpreting MD, and scans exam documents into PACS.

RN/LPN/MTA coordinates office visits/home care/prescriptions.

Post-Service Clinical Labor Activities:

CPT Code: 93350-93351
Specialty Society(s) ACC, ASE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **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 Period: XXX Meeting Date: October 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. A number of recommendations to add clinical staff time result from an attempt to be consistent within the family of two codes that have not been reviewed together before, or 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 code 93351 as well as stress test code 93015, since, 93351 is a bundle of 93015 and 93350.

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:

-On line we recommend adding 5 minutes for scope setup to replicate 5 minutes in 93015 when RN prepares patients for 10-lead ECG.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA completes pre-service diagnostic & referral forms, preparing patient for stress test.

Intra-Service Clinical Labor Activities:

RN/LPN/MTA obtains vitals, provides education & obtains consent, prepares room, positions patient for stress test, cleans room, and coordinates office visits/home care/prescriptions.

RN sets up scope/ECG, reviews charts & prior ECG to determine stress, performs stress test (line 49) (*Monitor patient while completing treadmill protocol to acceptable clinical endpoints, including warm up, exercise and cool down)*, monitors patient, and completes forms & requisitions.

Cardiac sonographer greets patient, positions patient, positions patient for echocardiogram, reviews history & prior echocardiogram, obtains images (line 48) (*The sonographer hooks up a three-lead ECG for gating, places the patient in left lateral decubitus position, and obtains a baseline echocardiogram at rest, including assessment of ventricular function, chamber sizes, wall thicknesses, wall motion, aortic root, and valves. Images are acquired from multiple cardiac windows including the parasternal long axis, parasternal short axis, apical four chamber, and apical two chamber views. Resting echocardiographic images are reviewed to insure adequate visualization of all left ventricle (LV) segments. Cardiac sonographer is present throughout exercise protocol so that peak stress imaging can begin immediately upon cessation of exercise. The sonographer records echocardiographic images for assessment of left ventricular wall motion immediately after exercise ends. In the case of treadmill exercise, the patient must be moved onto the examination table and placed in the left decubitus position*.), QCs images in PACs consistent with IAC echo accreditation standards, reviews exam with interpreting MD, and scans exam documents into PACS.

Post-Service Clinical Labor Activities: Cardiac sonographer completes QA activities required for accreditation.

Cardiac sonographer completes QA activities required for accreditation.

	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.**			93350		93350	
3	**Meeting Date: October 2016 Tab: 26 Specialty: ACC, ASE**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD XXX**						
6	**TOTAL CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**74.0**	**0.0**	**59.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**3.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**67.0**	**0.0**	**59.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**4.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**3.0**	**0.0**
11	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
12	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**3.0**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**
14	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
15	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
16	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
17	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
18	**PRE-SERVICE**						
19	**Start: Following visit when decision for surgery or procedure made**						
20	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**				
21	Complete pre-service diagnostic & referral forms	**L051A**	**RN**				
22	Coordinate pre-surgery services						
23	Schedule space and equipment in facility						
24	Provide pre-service education/obtain consent						
25	Follow-up phone calls & prescriptions						
26	Availability of prior images confirmed						
27	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist						
28	Other Clinical Activity - *specify: review previous echo studies*	**L050A**	**rdiac sonograph**	**3**			
29	**End: When patient enters office/facility for surgery/procedure**						
30	**SERVICE PERIOD**						
31	**Start: When patient enters office/facility for surgery/procedure:**						
32	Greet patient, provide gowning, ensure appropriate medical records are available	**L050A**	**rdiac sonographer**				
33	Greet patient, provide gowning, ensure appropriate medical records are available	**L051A**	**RN**				
34	Obtain vital signs	**L037D**	**RN/LPN/MTA**				
35	Obtain vital signs	**L051A**	**RN**				
36	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**				
37	Provide pre-service education/obtain consent	**L051A**	**RN**				
38	Prepare room, equipment, supplies	**L050A**	**rdiac sonograph**	**3**		**2**	
39	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**				
40	Prepare room, equipment, supplies	**L051A**	**RN**				
41	Setup scope (non facility setting only)	**L051A**	**RN**				
42	Prepare and position patient/ monitor patient/ set up IV	**L050A**	**rdiac sonograph**	**3**		**2**	
43	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**				
44	Sedate/apply anesthesia						
45	Other Clinical Activity - specify: review history, prior echocardiogram	**L050A**	**rdiac sonographer**			**2**	
46	Other Clinical Activity - specify: Review charts, prior ECG, determines type of stress	**L051A**	**RN**				
47	**Intra-service**						

	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.**			93350		93350	
3	**Meeting Date: October 2016 Tab: 26 Specialty: ACC, ASE**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD XXX**						
48	Acquire images	**L050A**	**rdiac sonograph**	**44**		**45**	
49	Acquire images	**L051A**	**RN**				
50	**Post-Service**						
51	Monitor pt. following moderate sedation						
52	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	**L051A**	**RN**				
53	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)						
54	Clean room/equipment by physician staff	**L050A**	**rdiac sonograph**	**3**		**3**	
55	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**				
56	Clean room/equipment by physician staff	**L051A**	**RN**				
57	Clean Scope						
58	Clean Surgical Instrument Package						
59	Complete diagnostic forms, lab & X-ray requisitions	**L051A**	**RN**				
60	Review/read X-ray, lab, and pathology reports						
61	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L050A**	**rdiac sonograph**	**4**		**0**	
62	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**			**3**	
63	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L051A**	**RN**				
64	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L050A**	**rdiac sonographer**			**2**	
65	Review examination with interpreting MD	**L050A**	**rdiac sonograph**	**10**		**2**	
66	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L050A**	**rdiac sonographer**			**1**	
67	Other Clinical Activity - *specify:*						
68	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**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.**			93350		93350	
3	**Meeting Date: October 2016 Tab: 26 Specialty: ACC, ASE**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD XXX**						
69	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
70	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
71	**End: Patient leaves office**						
72	**POST-SERVICE Period**						
73	**Start: Patient leaves office/facility**						
74	Conduct phone calls/call in prescriptions						
75	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
76	99211 16 minutes		16				
77	99212 27 minutes		27				
78	99213 36 minutes		36				
79	99214 53 minutes		53				
80	99215 63 minutes		63				
81	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
82	Other Clinical Activity - *specify: QA activities required for accreditation*	**L050A**	**rdiac sonograph**	**4**			
83	**End: with last office visit before end of global period**						
84	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
85	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
86	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**	
87	electrode, ECG (single)	SD053	item	**3**		**3**	
88	ultrasound transmission gel	SJ062	ml	**180**		**20**	
89	patient education booklet	SK062	item	**1**		**1**	
90	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.034**		**1**	
91	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**		**3**	
92	bandage, strip 0.75in x 3in (Bandaid)	SG021	item				
93	swab-pad, alcohol	SJ053	item				
94	paper, recording (per sheet)	SK059	item				
95	sandpaper (per sheet)	SK072	item				
96							
97	**EQUIPMENT**	**CODE**					
98	video SVHS VCR (medical grade)	ED034		**40**			
99	stretcher	EF018		**67**		**0**	
100	computer, desktop, w-monitor	ED021		**67**			
101	video printer, color (Sony medical grade)	ED036		**67**			
102	PACS Workstation Proxy	ED050		**67**		**62**	
103	room, ultrasound, vascular	EL016		**67**			
104	room, ultrasound, general	EL015				**54**	
105	professional PACS workstation					**20**	
106	printer, laser, paper	ED032					
107	cardiac monitor w-treadmill (12-lead PC-based ECG)	EQ078					
108	table, exam	EF023					

	A	B	C	H	I	J	K	L	M
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.**			93351		93351		93015	
3	**Meeting Date: October 2016 Tab: 26 Specialty: ACC, ASE**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD XXX**								
6	**TOTAL CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**64.0**	**0.0**	**57.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**64.0**	**0.0**	**57.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L050A**	**rdiac sonograph**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**19.0**	**0.0**	**19.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
12	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**16.0**	**0.0**	**16.0**	**0.0**	**0.0**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**28.0**	**0.0**	**34.0**	**0.0**	**51.0**	**0.0**
15	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**
16	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**28.0**	**0.0**	**34.0**	**0.0**	**46.0**	**0.0**
17	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
18	**PRE-SERVICE**								
19	**Start: Following visit when decision for surgery or procedure made**								
20	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**3**		**3**			
21	Complete pre-service diagnostic & referral forms	**L051A**	**RN**					**5**	
22	Coordinate pre-surgery services								
23	Schedule space and equipment in facility								
24	Provide pre-service education/obtain consent								
25	Follow-up phone calls & prescriptions								
26	Availability of prior images confirmed								
27	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist								
28	Other Clinical Activity - *specify: review previous echo studies*	**L050A**	**rdiac sonograph**						
29	**End: When patient enters office/facility for surgery/procedure**								
30	**SERVICE PERIOD**								
31	**Start: When patient enters office/facility for surgery/procedure:**								
32	Greet patient, provide gowning, ensure appropriate medical records are available	**L050A**	**rdiac sonograph**	**3**		**3**			
33	Greet patient, provide gowning, ensure appropriate medical records are available	**L051A**	**RN**					**3**	
34	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**3**		**3**			
35	Obtain vital signs	**L051A**	**RN**					**3**	
36	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**3**		**3**			
37	Provide pre-service education/obtain consent	**L051A**	**RN**					**4**	
38	Prepare room, equipment, supplies	**L050A**	**rdiac sonograph**						
39	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**2**		**2**			
40	Prepare room, equipment, supplies	**L051A**	**RN**					**2**	
41	Setup scope (non facility setting only)	**L051A**	**RN**			**5**		**5**	
42	Prepare and position patient/ monitor patient/ set up IV	**L050A**	**rdiac sonograph**	**2**		**2**			
43	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**2**		**2**			
44	Sedate/apply anesthesia								
45	Other Clinical Activity - specify: review history, prior echocardiogram	**L050A**	**rdiac sonograph**	**2**		**2**			
46	Other Clinical Activity - specify: Review charts, prior ECG, determines type of stress	**L051A**	**RN**	**2**		**2**			
47	**Intra-service**								

	A	B	C	H	I	J	K	L	M
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.**			93351		93351		93015	
3	**Meeting Date: October 2016 Tab: 26 Specialty: ACC, ASE**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD XXX**								
48	Acquire images	**L050A**	**rdiac sonograph**	**46**		**45**			
49	Acquire images	**L051A**	**RN**	**18**		**18**		**14**	
50	**Post-Service**								
51	Monitor pt. following moderate sedation								
52	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	**L051A**	**RN**	**8**		**5**		**5**	
53	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
54	Clean room/equipment by physician staff	**L050A**	**rdiac sonograph**						
55	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**3**		**3**			
56	Clean room/equipment by physician staff	**L051A**	**RN**					**3**	
57	Clean Scope								
58	Clean Surgical Instrument Package								
59	Complete diagnostic forms, lab & X-ray requisitions	**L051A**	**RN**			**4**		**4**	
60	Review/read X-ray, lab, and pathology reports								
61	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L050A**	**rdiac sonograph**						
62	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**	**3**		**3**			
63	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L051A**	**RN**					**3**	
64	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L050A**	**rdiac sonograph**			**2**			
65	Review examination with interpreting MD	**L050A**	**rdiac sonograph**	**4**		**2**			
66	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L050A**	**rdiac sonograph**	**7**		**1**			
67	Other Clinical Activity - *specify:*								
68	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	

	A	B	C	H	I	J	K	L	M
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.**			93351		93351		93015	
3	**Meeting Date: October 2016 Tab: 26 Specialty: ACC, ASE**	**CMS Code**	**Staff Type**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and		Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD XXX**								
69	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
70	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
71	**End: Patient leaves office**								
72	**POST-SERVICE Period**								
73	**Start: Patient leaves office/facility**								
74	Conduct phone calls/call in prescriptions								
75	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
76	99211 16 minutes		16						
77	99212 27 minutes		27						
78	99213 36 minutes		36						
79	99214 53 minutes		53						
80	99215 63 minutes		63						
81	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
82	Other Clinical Activity - *specify: QA activities required for accreditation*	**L050A**	**rdiac sonograph**						
83	**End: with last office visit before end of global period**								
84	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
85	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**	
86	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**			
87	electrode, ECG (single)	SD053	item	**13**		**13**		**10**	
88	ultrasound transmission gel	SJ062	ml	**60**		**20**			
89	patient education booklet	SK062	item	**1**		**1**			
90	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.017**		**1**			
91	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**		**3**			
92	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**1**		**1**		**1**	
93	swab-pad, alcohol	SJ053	item	**1**		**1**		**1**	
94	paper, recording (per sheet)	SK059	item	**15**		**15**		**15**	
95	sandpaper (per sheet)	SK072	item	**1**		**1**		**1**	
96									
97	**EQUIPMENT**	**CODE**							
98	video SVHS VCR (medical grade)	ED034							
99	stretcher	EF018		**64**		**0**			
100	computer, desktop, w-monitor	ED021							
101	video printer, color (Sony medical grade)	ED036							
102	PACS Workstation Proxy	ED050		**64**		**104**			
103	room, ultrasound, vascular	EL016		**64**					
104	room, ultrasound, general	EL015				**54**			
105	professional PACS workstation					**30**			
106	printer, laser, paper	ED032		**15**		**0**			
107	cardiac monitor w-treadmill (12-lead PC-based ECG)	EQ078		**20**		**104**		**46**	
108	table, exam	EF023				**0**		**46**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Percutaneous Allergy Skin Tests

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.

The RUC recommended, in its comment letter, that code 95004 be removed from the screen because it has a work RVU of 0.01 and the RUC stated that it would serve little purpose to survey physician work for this code. The RUC and CMS have previously determined that there is physician work involved in providing this service since the physician must interpret the test and prepare a report. In the Final Rule for 2016, CMS disagreed with the RUC and indicated that the work and practice expense for this service should be reviewed. The specialty societies surveyed this service for review at the October 2016 RUC meeting.

95004 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

The RUC reviewed the survey data from 138 allergy and immunology physicians and noted that while the survey physician per test time is higher than the current inputs, the individual physician work per test has not changed since the last valuation in 2008. Therefore, the RUC agreed with the specialty societies that the current physician time components should be maintained. The RUC recommends the following physician time (per test): pre-service time of 0.125 minutes, intra-service time of 0.125 minutes, and post-service time of 0.125 minutes. The RUC discussed in detail that there is no duplication of work with the Evaluation and Management (E/M) service that is typically reported on the same date of service. The pre-service work includes more than just ordering the test. The physician is ordering a wide array of specific allergens at specific dosages to determine an appropriate panel for patient allergy testing. While it depends somewhat on geography, there are more than 100 available antigens that need to be distilled to fit the unique patient and their history. The RUC agreed that this requires more work than simply writing orders for such tests as a chest x-ray or urinalysis which is not variable per patient or per allergen. The RUC also agreed that physical interpretation of each test and a written report of this interpretation was also not duplicative of what would be included in an E/M service.

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The RUC reviewed the survey responses for physician work and recommends a work RVU of 0.01 (per test), which is the survey 25th percentile and current work RVU for 95004. The specialties noted that the current survey for a battery of 50 tests which is the median for Medicare patients resulted in more time than the previous survey for a battery of 40 test based on the national population, however the per test time and work did not change. The RUC agreed that accepting the current value for this code is appropriate and there is no evidence to suggest that the work per test has changed.

The RUC noted the difficulty in finding comparison codes due to the extremely low work RVU and time components. The RUC reviewed the following reference codes to support a work RVU of 0.01 for 0.375 minutes of physician time: 17003 *Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each* (work RVU=0.04, 1 minute total time), 77051 *Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography* (work RVU=0.06, 1 minute total time),71010 *Radiologic examination, chest; single view, frontal* (work RVU= 0.18, 5 minutes total time), 95145 *Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom* (work RVU=0.06, 2 minutes total time), 96361 *Intravenous infusion, hydration; each additional hour* (work RVU=0.09, 3 minutes total time), and 95905 *Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report* (work RVU= 0.05 and intra time = 5 minutes). Finally, the RUC noted that there is clearly defined physician work for CPT code 95004. **The RUC recommends a work RVU of 0.01 for CPT code 95004.**

Practice Expense:

The specialty societies presented compelling evidence that the current PE inputs may be inaccurate to reflect current practice patterns. First, the specialties noted a flawed methodology was used to arrive at the current inputs. CPT code 95004 was first reviewed in 2002 as part of the early PEAC process. The PE input recommendations from the specialty society were derived from survey results. However, those survey results were rejected and clinical staff times were assigned by the PEAC as if the testing was performed by the physician even though the testing is performed by clinical staff and the physician work is test interpretation and report.

Second, there has been a change in practice standards. The Practice Parameters for diagnostic allergy testing were updated in 2008, after this code was previously reviewed. In years prior to this update, tests were read using a semi-qualitative measure instead of a quantitative measure. Specifically, tests were previously read and documented using a subjective scale (0 to 4+). The new practice parameters indicated that both erythema and wheal should be measured and recorded in millimeters for appropriate comparisons with positive (ie, histamine) and negative controls (ie, 50% glycerinated extracts). This has increase clinical staff time.

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The Practice Expense Subcommittee accepted compelling evidence that the current PE inputs may be misvalued.

During the discussion of this code, it was communicated to the specialties that it would be more accurate to assign the total amount of time it takes to perform a typical panel of 50 tests and then divide this time by 50, rather than reverse calculate the time from the previously derived time fraction (per test) multiplied by 50. This also applied where clinical labor activities have standards (eg, if the standard for positioning is 2 minutes, the per test positioning time is 2 minutes divided by 50). The PE Subcommittee particularly focused on two areas: preparing the room/equipment/supplies and recording of test results. For the battery of tests, clinical staff will review the physician orders, prepare testing supplies, and document allergens, strengths, expiration dates, and lot numbers in the patient's electronic medical record. The PE Subcommittee agreed this would take 10 minutes for a battery of 50 tests or 0.2 minutes per test. With respect to measuring and recording the tests, the clinical staff will record the skin reaction to each test (longest diameter of the wheal and surrounding erythema/flare evaluation in millimeters). This will be documented in the patient chart. Clinical staff will then be present when the physician examines the skin reactions and measurements and determine if any measurements need to be redone. The PE Subcommittee agreed this would take 25 minutes for a battery of 50 tests or 0.5 minutes per test.

Finally, following the presentation at the PE Subcommittee, the specialty societies submitted detailed invoices for new and updated supply items to be included in the RUC recommendations to CMS. The RUC approved the revised PE inputs, as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	XXX	0.01 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95004 Tracking Number Original Specialty Recommended RVU: **0.01**
Presented Recommended RVU: **0.01**
Global Period: XXX RUC Recommended RVU: **0.01**

CPT Descriptor: Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old patient who is seen on referral from his primary care provider reports increased difficulty with head congestion, sneezing and watery eyes with recurrent episodes of wheezing and coughing that are interfering with work. The physician orders and interprets 50 percutaneous skin tests.
[Note: When completing this survey, only the physician's time should be considered. Do NOT include time spent by clinical staff.]

Percentage of Survey Respondents who found Vignette to be Typical: 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%

Description of Pre-Service Work: Instruct staff as to which allergens to test for and at what concentrations based on the patient's history, symptoms, and environmental and/or lifestyle factors.

Description of Intra-Service Work: Examine and interpret nature and extent of patient's reaction, including the size of erythema and wheal and evaluate the controls in comparison to test allergens to determine if the test is negative or positive (and if positive, the level of positivity).

Description of Post-Service Work: Synthesize the test results and prepare, review, and sign report in the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	Donald Aaronson, MD; Cheryl Walker McGill, MD; Paul Fass, MD		
Specialty(s):	allergy/immunology (ACAAI, AAAAI), otolaryngic allergy (AAOA)		
CPT Code:	95004		
Sample Size:	2000	**Resp N:** 138	**Response:** 6.9 %
Description of Sample:	Random selection from each society's membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	150.00	**400.00**	750.00	20000.00
Survey RVW:	0.10	0.50	**0.95**	1.38	6.00
Pre-Service Evaluation Time:			**7.000**		
Pre-Service Positioning Time:			**0.000**		
Pre-Service Scrub, Dress, Wait Time:			**0.000**		
Intra-Service Time:	1.000	5.000	**8.000**	15.000	60.000

Immediate Post Service-Time:	**10.000**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95004	**Recommended Physician Work RVU: 0.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.125**	**0.000**	**0.125**
Pre-Service Positioning Time:		**0.000**	**0.000**	**0.000**
Pre-Service Scrub, Dress, Wait Time:		**0.000**	**0.000**	**0.000**
Intra-Service Time:		**0.125**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.125**	**0.000**	**0.125**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 38 **% of respondents:** 27.5 **%**

Number of respondents who choose 2nd Key Reference Code: 34 **% of respondents:** 24.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 95004	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	0.125	5.000	3.000
Median Intra-Service Time	0.125	25.000	15.000
Median Immediate Post-service Time	0.125	10.000	5.000
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**0.375**	**40.000**	**23.000**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.11	-0.03
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	0.12
Urgency of medical decision making	0.13	0.24

Technical Skill/Physical Effort (Mean)

Technical skill required	0.47	0.55
Physical effort required	0.05	-0.15

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.63	0.76
Outcome depends on the skill and judgment of physician	0.71	0.55
Estimated risk of malpractice suit with poor outcome	0.39	0.36

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.53	0.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. Code 95004 was identified through this screen.

Code **95004** is reimbursed on a "per test" basis. The small increment of work and time related to a single test would be very difficult to capture on a survey and therefore the specialty societies requested to use a vignette and format that was used during the previous review of this codes; specifically to survey for work and time estimates related to the typical battery of testing. The survey responses would then be divided by the battery of tests (ie, 50) to reflect the per test increment. The Research Subcommittee approved this request.

Recommendation - 95004

Although the current survey data suggest a higher work RVU, we do not have compelling evidence to ask for an increase. Therefore, we recommend **maintaining the current work RVU of 0.01 and pre/intra/post service times of 0.125 / 0.125 / 0.125.** The recommended pre and post time is specific to this service and does not duplicate work that would be related to an E/M code if performed on the same day.

We note that in the final rule for 2016, CMS noted that *the criteria for many misvalued code screens, including this one, are designed to prioritize codes that may be misvalued not to identify codes that are misvalued.* Further CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. **We**

believe the current survey data provides supporting evidence for the accuracy of the current work RVU.

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. Typically reported with an E/M service

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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) 95004

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty allergy/immunology How often? Commonly

Specialty otolaryntology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is unknown

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,061,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty allergy/immunology Frequency 5600000 Percentage 55.65 %

Specialty otolaryntology Frequency 1150000 Percentage 11.43 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95004

If this code is a new/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
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	95004	**# of Respondents:**	138
Survey Code Descriptor:	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests		

Top Ref Code:	99214	**# of Respondents:**	38	**% of Respondents:**	28%
Top Ref Code Descriptor:	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.				

Survey Code Compared to Top Ref Code

Survey Code is:

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:	3%	8%	37%	39%	13%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	24%	39%	37%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	21%	42%	37%
	Urgency of medical decision making	24%	42%	34%
Technical Skill:		18%	32%	50%
Physical Effort:		29%	37%	34%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	11%	32%	58%
	Outcome depends on the skill and judgment of physician	5%	39%	55%
	Estimated risk of malpractice suite with poor outcome	21%	32%	42%

	A	B	C	D	E	F	G	H	I	J	K	N	S	T	U	V	W	X	AZ	BA	BB	BC	BD
3	**ISSUE: Percutaneous Allergy Skin Tests**																						
4	**TAB: 27**																						
5						**RVW**					**Total**	**PRE**	**INTRA**					**POST**	**SURVEY EXPERIENCE**				
6	**SOURCE**	**CPT**	**DESC**	**Resp**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**MIN**	**25th**	**MED**	**75th**	**MAX**
7	**REF1**	**99214**	Office or other outpatient visit for the evaluation and manag	38	**0.047**			**1.50**			**40**	5			25			10					
8	**REF2**	**99213**	Office or other outpatient visit for the evaluation and manag	34	**0.053**			**0.97**			**23**	3			15			5					
9	**CURRENT**	**95004**	**Recommendation for 40 tests**		**0.035**			**0.40**			**15.00**	5			5			5					
10		**95004**	**Divided by 40 tests for PER TEST recommendation**		**0.035**			**0.01**			**0.375**	0.125			0.125			0.125					
11	**SVY**	**95004**	Percutaneous tests (scratch, puncture, prick) with allergeni	**138**	**0.073**	**0.10**	**0.50**	**0.95**	**1.38**	**6.00**	**24.50**	**7**	**1**	**5**	**8**	**15**	**60**	**10**	**0**	**150**	**400**	**750**	**20000**
12	**REC**	**95004**	Recommendation for 50 tests		**0.035**			**0.50**			**18.75**	**6.25**			**6.25**			**6.25**					
13	**REC**	**95004**	**Divided by 50 tests for PER TEST recommendation**		**0.035**			**0.01**			**0.375**	**0.125**			**0.125**			**0.125**					

Tab Number: 29

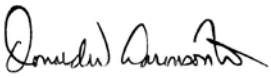
Issue: Percutaneous Allergy Skin Tests

Code(s): 95004

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Donald Aaronson, MD
Specialty Society:	ACAAI
Date:	August 29, 2016

Tab Number: 29

Issue: Percutaneous Allergy Skin Tests

Code(s): 95004

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:	Cheryl Walker-McGill, MD
Print Name:	Cheryl Walker McGill, MD
Specialty Society:	American Academy of Allergy, Asthma & Immunology
Date:	August 22, 2016

Tab Number: 29

Issue: Percutaneous Allergy Skin Tests

Code(s): 95004

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Paul Fass, M.D.
Specialty Society:	AAOA
Date:	August 29, 2016

Tab Number: 29

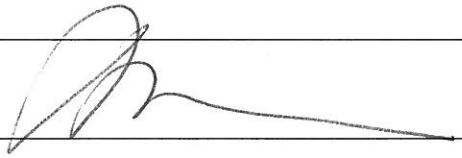
Issue: Percutaneous Allergy Skin Tests

Code(s): 95004

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	David A. Brown
Specialty Society:	American Academy of Allergy, Asthma & Immunology
Date:	August 22, 2016

REVISED 10-5-16

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

Global Period XXX Meeting Date: October 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 ACAAI, AAAAI, AAOA, along with other physicians in small and large practices, reviewed the current inputs for 95004 and have made adjustments to time, supplies and equipment to correct errors from the previous review and to account for changes in practice since the previous review. The typical patient will have 50 tests, but the code is still reported "per test". The recommendations are shown for a battery of 50 tests and then for "per test" to correspond to 95004.

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, current code is referenced.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See response in Question 4 below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

	D	E	F	G	
	CURRENT		RECOMMEND		
CLINICAL ACTIVITIES	**40 TESTS**	**PER TEST**	**50 TESTS**	**PER TEST**	**Compelling Rationale / Discussion**
Provide pre-service education/obtain consent	**4**	**0.100**	**4**	**0.080**	This will typically be the first time a patient undergoes testing. An explanation of the testing and consent is necessary.
Prepare room, equipment, supplies	**2**	**0.050**	**10**	**0.200**	Staff will: review physician orders; prepare testing supplies; document allergens, strengths, expiration dates, and lot numbers in the patient's electronic medical record.
Prepare and position patient/ monitor patient/ set up IV	**2**	**0.050**	**2**	**0.040**	position patient prone for testing. Patient will remain prone through testing, wait time, and measurement time.
Perform Service	**5**	**0.125**	**12**	**0.240**	two minutes to clean and dry skin 5 minutes to mark skin 5 minutes to perform
Monitor pt. following procedure/check tubes, monitors, drains, multitasking	**16**	**0.400**	**5**	**0.100**	Patient is monitored for 20 minutes at a 1:4 rate before recording of test results begins.

	D	E	F	G	
	CURRENT		RECOMMEND		
CLINICAL ACTIVITIES	**40 TESTS**	**PER TEST**	**50 TESTS**	**PER TEST**	**Compelling Rationale / Discussion**
1:4					
Other Clinical Activity - specify: Measure and document wheal and flare in millimeters at right angle diameter. Review the test results with the physician.	**2**	**0.050**	**25**	**0.500**	The Practice Parameters1 for diagnostic allergy testing were updated in 2008 after this code was previously reviewed. In years prior to this update, tests were read using a semi-qualitative measure instead of a quantitative measure. Specifically, tests were previously read and documented using a subjective scale (0 to 4+). The new practice parameters indicated that both erythema and wheal should be measured and recorded in millimeters for appropriate comparisons with positive (ie, histamine) and negative controls (ie, 50% glycerinated extracts). The impetus behind this was a Joint Task Force on standardization of skin test procedures so that physicians across the country could read the results of each other's skin tests and know what they meant. This would obviate the need for repeat skin testing every time you saw another provider. For this activity, clinical staff will record the skin reaction to each test (longest diameter of the wheal and surrounding erythema/flare evaluation in millimeters) . This will be documented in patient chart. Physician will review the measurements and with staff present to determine if any measurements need to be redone.
Clean room/equipment by physician staff	**3**	**0.075**	**3**	**0.060**	Hazardous waste are appropriately disposed. Allergen solutions are logged back into storage. Supply items that are reusable (eg, testing wells) are cleaned.
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0.060**	Areas of testing on patient's arms and back will be cleaned with alcohol swabs to remove allergens and markings. Steroid cream will be applied as necessary. Patient will be instructed on care of testing areas (bathing, activity) to prevent infection.

			D	E	F	G	
			CURRENT		RECOMMEND		
MEDICAL SUPPLIES			**40 TESTS**	**PER TEST**	**50 TESTS**	**PER TEST**	**Compelling Rationale / Discussion**
skin marking pen, sterile (Skin Skribe)	SK075	item			**1**	**0.020**	Skin is marked for each test that will be administered and read.

[1] Bernstein IL, et.al. Allergy diagnostic testing: an updated practice parameter. Ann Allergy Asthma Immunol. 2008 Mar;100(3 Suppl 3):S19. PMID: 18431959

			D	E	F	G	
			CURRENT		RECOMMEND		
MEDICAL SUPPLIES			**40 TESTS**	**PER TEST**	**50 TESTS**	**PER TEST**	**Compelling Rationale / Discussion**
drape, sterile, for Mayo stand	SB012	item			**1**	**0.020**	Mayo stand is necessary to hold testing allergens, test devices and other supplies that need to be readily available during testing.
swab-pad, alcohol	SJ053	item	**2**	**0.050**	**24**	**0.480**	All areas marked for testing on back and arms need to be cleaned prior to and after testing.
gauze, sterile 2in x 2in	SG053	item	**1**	**0.025**			Replaced with item below
gauze, sterile 4in x 4in (10 pack uou)	SG056	item			**2**	**0.040**	Sponges are necessary to dry skin after cleaning with alcohol in testing areas prior to testing and after testing. Sponges may also be necessary during testing.
antigen, mite	SH006	ml	**40**	**1.000**			Item replaced with new item below. Allergen testing includes significantly more allergens than just mites. In addition, "antigens" are used for immunotherapy and "allergens" are used for testing. This item is not obsolete – it is just used for different services.
allergen, diagnostic, multi (eg, pollen, mold, environmental)	**NEW**	**ml**			**12**	**0.250**	As indicated, this new item reflects the fact that multiple allergens are used in testing. Invoices and a "bundled" average price will be presented to CMS. 5 drops x **48 tests** = 240 drops 20 drops per ml 240 / 20 = 12 ml (for 50 tests) The "per test" amount is shown in Col G
negative control, allergy test	SH101	ml			**0.25**	**0.005**	All allergen testing requires a negative and positive control test that is allows for comparison to allergen reaction. 5 drops x **1 test** 20 drops per ml 5 / 20 = 0.25 ml (for 50 tests) The "per test" amount is shown in Col G
positive control, allergy test	SH102	ml			**0.25**	**0.005**	All allergen testing requires a negative and positive control test that is allows for comparison to allergen reaction. 5 drops x **1 test** 20 drops per ml 5 / 20 = 0.25 ml (for 50 tests) The "per test" amount is shown in Col G

			D	E	F	G	
			CURRENT		RECOMMEND		
MEDICAL SUPPLIES			**40 TESTS**	**PER TEST**	**50 TESTS**	**PER TEST**	**Compelling Rationale / Discussion**
multi-tine device	SC023	item	**5**	**0.125**			Item SC023 is currently priced as a single testing device. "Multi-tine" was confused previously with "multi-test" devices that have 4 to 10 individual testing devices connected to accomplish multiple tests at once. This type of multiple test device is not the typical for practitioners. Our expert panel (including physicians from large and small practices and both allergists and otolaryngologists) agree that single test devices are the typical supply. To avoid further confusion, we are recommending a new supply item that clearly describes a single test device.
allergen single-test multi-tine device	NEW	item			**50**	**1.000**	As indicated above, we recommend a new supply item with a correct description indicating the item is for a single test. Invoices and an average price will be provided to CMS.
triamcinolone acetonide 0.1% cream	SH072	gm	**5**	**0.125**	**5**	**0.100**	No change to the amount used for entire testing service.
albumin saline	SH004	ml	**40**	**1.000**			This item is used for diluting allergen concentrations for use with intra-dermal allergy testing and is typically not used for 95004.
color coded cap and vial (for antigen)	SL027	item	**40**	**1.000**			This item is used for services other than 95004.

		D	E	F	G	
		CURRENT		RECOMMEND		
MEDICAL SUPPLIES		**40 TESTS**	**PER TEST**	**50 TESTS**	**PER TEST**	**Compelling Rationale / Discussion**
NO EQUIPMENT	EZ007	**0**	**0**			
table, exam	EF023			**65**	**1.300**	An exam table is necessary. Patients will typically have testing on their back and the back of their arms while they are prone and they must remain in this position until readings are taken. A mayo stand is necessary for holding supplies and necessary recording items. These equipment items will be located in the allergy testing room for the entire service period.
mayo stand	EF015			**65**	**1.300**	

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Please see a listing (and discussion) of all clinical labor activities in the Clinical Activities table in Question 4 above.

Post-Service Clinical Labor Activities

N/A

	A	B	C	D	E
1				REFERENCE CODE	
2	**REVISED 10/05/2016**			95004 (w-E/M)	
3	**Meeting Date: October 2016** **Tab: 29** **Specialty: ACAAI, AAAAI, AAOA**	**CMS Code**	**Staff Type**	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test	
4				40 TESTS	PER TEST
5	**LOCATION**			Non Fac	Non Fac
6	**GLOBAL PERIOD**			XXX	XXX
7	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	39	0.975
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	5	0.125
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	34	0.850
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	0	0.000
11	**PRE-SERVICE**				
12	**Start: Following visit when decision for surgery or procedure made**				
18	Other Clinical Activity - *specify:* *Prepare testing supplies*	L037D	RN/LPN/MTA	5	0.125
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				
23	Obtain vital signs				
24	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4	0.100
25	Prepare room, equipment, supplies review physician orders; prepare testing supplies; document allergens, strengths, expiration dates, and lot numbers in the patient's electronic medical record.	L037D	RN/LPN/MTA	2	0.050
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2	0.050
27	**Intra-service**				
28	Perform service two minutes to clean and dry skin 5 minutes to mark skin 5 minutes to perform	L037D	RN/LPN/MTA	5	0.125
29	**Post-Service**				
30	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 need to wait 20 minutes before measuring starts	L037D	RN/LPN/MTA	16	0.400
31	Other Clinical Activity - *specify:* Measure and document wheal and flare in millimeters at right angle diameter. Review the test results with the physcian.	L037D	RN/LPN/MTA	2	0.050

	A	B	C	D	E
1				**REFERENCE CODE**	
2	**REVISED 10/05/2016**			**95004 (w-E/M)**	
3	**Meeting Date: October 2016** **Tab: 29** **Specialty: ACAAI, AAAAI, AAOA**	**CMS Code**	**Staff Type**	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test	
4				**40 TESTS**	**PER TEST**
5	**LOCATION**			**Non Fac**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**
32	Clean room/equipment by physician staff hazardous waste are appropriately disposed. Allergen solutions are logged back into storage. Supply items that are reusable (eg, testing wells) are cleaned.	L037D	RN/LPN/MTA	**3**	**0.075**
33	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions clean patient, apply steroid, review what to do for delayed reaction				
34	**End: Patient leaves office**				
35	**POST-SERVICE Period**				

	A	B	C	D	E
1				REFERENCE CODE	
2	REVISED 10/05/2016			95004 (w-E/M)	
3	Meeting Date: October 2016 Tab: 29 Specialty: ACAAI, AAAAI, AAOA	CMS Code	Staff Type	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test	
4				40 TESTS	PER TEST
5	LOCATION			Non Fac	Non Fac
6	GLOBAL PERIOD			XXX	XXX
47	MEDICAL SUPPLIES*	CODE	UNIT		
48	skin marking pen, sterile (Skin Skribe)	SK075	item		
49	drape, sterile, for Mayo stand	SB012	item		
50	swab-pad, alcohol	SJ053	item	2	0.050
51	gauze, sterile 4in x 4in (10 pack uou)	SG056	item		
52	antigen, mite	SH006	ml	40	1.000
53	allergen, diagnostic, multi (eg, pollen, mold, environmental)	NEW	ml		
54	negative control, allergy test	SH101	ml		
55	positive control, allergy test	SH102	ml		
56	multi-tine device	SC023	item	5	0.125
57	allergy single-test device	NEW	item		
58	triamcinolone acetonide 0.1% cream	SH072	gm	5	0.125
59	albumin saline	SH004	ml	40	1.000
60	color coded cap and vial (for antigen)	SL027	item	40	1.000
61	gauze, sterile 2in x 2in	SG053	item	1	0.025
62	EQUIPMENT	CODE			
63	NO EQUIPMENT	EZ007		0	0
64	table, exam	EF023			
65	mayo stand	EF015			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

October 2016

Continuous Glucose Monitoring

In April 2013, CPT code 95251 was identified through the High Volume Growth screen and the RUC recommended surveying 95251 and 95250 for January 2014. In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed "real time" monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed "retrospective" monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society communicated with the CPT Editorial Panel to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommended referral to the CPT Editorial Panel. However, the most recent specialty society proposed revisions were not approved by CPT and the specialty societies indicated there is new information to present to the Relativity Assessment Workgroup. The specialty societies request that the Workgroup review its action plan at the April 2016 meeting. In April 2016, the specialty societies indicated that the growth of these services has steadied in the most recent five years and should be removed from the screen. The Workgroup noted that the 2013 Workgroup recommendation was to survey these services based on the high growth in the years examined and these services have not been reviewed in over ten years. CPT codes 95250 and 95251 were surveyed for October 2016.

95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report
The RUC reviewed the survey results from 46 endocrinologists and recommend the following physician time components: pre-service time of 2 minutes, intra-service time of 15 minutes and immediate post-service time of 3 minutes. The RUC noted that this code is typically billed with an Evaluation and Management (E/M) service on the same day. Therefore, the pre-service evaluation time was reduced from a median time of 6 minutes to 2 minutes and the immediate post-service time was reduced from a survey time of 10 minutes to 3 minutes. Finally, the RUC extensively discussed and agreed that there is still distinct work in the pre- and post-service period separate from the E/M service. Specifically the physician must spend time obtaining the CGM reports for review and in the post-service period signs off on the report and communicates with the patient and/or other healthcare professional as needed.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 0.70 accurately accounts for the physician work involved in code 95251. To justify a work RVU of 0.70, the RUC compared the surveyed code to the following reference codes: 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70), 74247 *Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium,*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

effervescent agent, with or without glucagon; with or without delayed images, with KUB (work RVU= 0.69) and 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* (work RVU= 0.67). All three reference codes have identical intra-service time to the surveyed code (15 minutes) and represent a spectrum of services that provide reasonable brackets around the recommended value. **The RUC recommends a work RVU of 0.70 for CPT code 95251.**

CPT Referral:
At the Practice Expense Subcommittee, there was extensive discussion around the issue of what codes are appropriate to report when the patient owns the equipment versus when the practice owns the equipment. The specialties clarified that CPT code 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*, since it is a PE-only code, should not be reported when the equipment is owned by the patient. In this scenario, only CPT code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* would be reported. The RUC agreed with the Subcommittee that it is important that either education or a CPT parenthetical be created to clarify the appropriate reporting of these services. **The RUC recommends this service be referred to the CPT Editorial Panel Executive Committee to provide a solution to ensure correct coding occurs.**

Practice Expense:
The RUC reviewed and accepted the direct PE inputs as modified by the Practice Expense Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95250 (f)	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	XXX	0.00 (PE Only)
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	XXX	0.70

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95251 Tracking Number J1 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Ambulatory continuous glucose recording of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year-old female with type I diabetes mellitus taking multiple daily insulin injections has elevated levels of hemoglobin A1c with excessive swings in blood glucose, and post-prandial hyperglycemia and nocturnal hypoglycemia. Continuous ambulatory glucose monitoring is obtained to assist in designing a treatment regimen that would improve glucose control and reduce excursions in blood glucose

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%

Description of Pre-Service Work:
The physician obtains the downloaded CGM reports for review.

Description of Intra-Service Work:
Physician interprets blood sugar results from a minimum of 72 hours of monitoring, including correlation of individual data points with patient daily log. The physician dictates reports.

Description of Post-Service Work: Signing off of the report and communicating with the patient and/or other healthcare professionals.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Felice Caldarella, MD, FACP, FACE, CDE; Howard Lando, MD, FACE; David Klonoff, MD; Allan Glass, MD				
Specialty(s):	Endocrinology				
CPT Code:	95251				
Sample Size:	1000	**Resp N:**	46	**Response:** 4.6 %	
Description of Sample:	Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	5.00	13.00	**30.00**	94.00	500.00
Survey RVW:	0.10	0.70	**1.08**	1.45	63.30
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**15.00**	24.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95251	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99091	XXX	1.10	**RUC Time**

CPT Descriptor Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93227	XXX	0.52	**RUC Time**

CPT Descriptor 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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,047,534

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	799,425

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 26.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 95251	**Top Key Reference CPT Code:** 99091	**2nd Key Reference CPT Code:** **93227**
Median Pre-Service Time	2.00	5.00	2.00
Median Intra-Service Time	15.00	30.00	15.00
Median Immediate Post-service Time	3.00	5.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**40.00**	**24.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.75	0.71
Urgency of medical decision making	0.00	-0.71

Technical Skill/Physical Effort (Mean)

Technical skill required	0.25	0.14
Physical effort required	0.25	0.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	-0.14
Outcome depends on the skill and judgment of physician	0.75	0.57
Estimated risk of malpractice suit with poor outcome	-0.09	0.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.58	0.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The starting point for developing the work/time recommendation for 95251 was the current work value (0.85 RVU) and the median times from the survey (6 minutes pre, 15 minutes intra, 10 minutes post). These values were then adjusted downward, taking into account that an E&M is typically performed on the same day (removal of duplicated activities) and after comparison with other codes (maintenance of cross-specialty relativity).

Our final recommendation for 95251 is a physician work of 0.70 RVU (25th percentile of the survey) and physician times of 2 minutes pre, 15 minutes intra, and 5 minutes post (total time of 22 minutes). Three specific lines of evidence corroborating this recommendation are outlined below.

Key Reference Service: The key reference service for 95251 is 99091 (collection and interpretation of physiologic data), with physician work of 1.10 RVU, physician times of 5 minutes pre, 30 minutes intra, and 5 minutes post (total time of 40 minutes), and IWPUT of 0.0292. The vignette and service description of 99091 are virtually identical to 95251, which should make 99091 an excellent comparison code, but 99091 is a time-based code with 30 minutes intra-time, while 95251 has 15 minutes of intra-time. When we calculated what the RVU for 99091 would be if the intra-time were reduced to 15 minutes (like 95251) while the IWPUT was maintained constant, we arrived at 0.66 RVU, which is extremely close to our recommendation of 0.70 work RVU.

Other CPT Codes: When we searched for other codes in the RUC database that would support our 95251 recommendation (0.70 RVU for work and times of 2/15/5), we identified two codes that matched very closely: 93970 (duplex ultrasound of extremity) with work of 0.70 RVU and times of 3/15/5; and 74247 (upper GI contrast x-ray), with work of 0.69 RVU and times of 5/15/5.

IWPUT for Work of Similar Type: The work of 95251 is entirely analysis of data with interpretation and report only. We were able to locate 9 other codes in the RUC database that were defined as interpretation and report only. As expected, the times for these codes varied considerably, depending on the amount and type of data that had to be interpreted. However, the IWPUT for these 9 comparison codes defined a fairly narrow grouping (0.0201 – 0.0419), and the IWPUT for our 95251 recommendation (0.0360) fell well within this range.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The service itself is described by a single code, 95251. The work of 95251 is performed by the physician without the patient present. The results of this diagnostic test would need to be discussed with the patient and a new treatment protocol established at a subsequent E&M visit. 52% of the time, this E&M visit would occur on the same day as 95251, but after the work of 95251 is completed.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A diabetic patient with unstable glucose values, based on fingerstick measurements at home, is scheduled for an E&M visit in order to conduct a history and physical exam and to work out a new treatment protocol, with the goal of improving the glucose control. To provide additional data about the specific problems with the glucose control, the patient agrees to undergo a 72-hour continuous glucose monitoring. This procedure is completed prior to the scheduled E&M visit. On the morning of the patient's E&M visit, before the start of patient appointments, the physician sits down with the patient's chart, the patient diary, and the CGM data in order to analyze the timing and mechanism of the patient's unstable glucose control; this constitutes service 95251. Later that day, the patient returns for an office E&M visit, at which time an interval history and physical exam performed, the CGM results are explained and discussed with the patient, and a new treatment protocol is crafted. This work requires medical decision making of moderate to high complexity and corresponds to CPT code 99214. See addendum at end of SOR for requested table.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95251

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology 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? 340,000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimated Medicare usage is 34,000, from RUC database. Expert panel estimates that 10% of total national CGM usage is in the Medicare population.

Specialty Endocrinology Frequency 223480 Percentage 65.72 %

Specialty Internal Medicine Frequency 60950 Percentage 17.92 %

Specialty Nurse Practitioners Frequency 27090 Percentage 7.96 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate is based on 2015 Medicare utilization in the RUC database.

Specialty Endocrinology Frequency 22348 Percentage 65.72 %

Specialty Internal Medicine Frequency 6095 Percentage 17.92 %

Specialty Nurse Practitioners Frequency 2709 Percentage 7.96 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95251

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ADDENDUM:

	Global	Work RVU	Pre-time	Intra-time	Post-time
95251 (rec)	XXX	0.70	2	15	5
99214	XXX	1.50	5	25	10
Total		2.20	7	40	15

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	95251	**# of Respondents:**	46
Survey Code Descriptor:	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minim of 72 hours; interpretation and report		

Top Ref Code:	99091	**# of Respondents:**	12	**% of Respondents:**	26.09
Top Ref Code Descriptor:	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time				

Survey Code Compared to Top Ref Code

Survey Code is:

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall Intensity and Complexity:	0	4.35	39.13	45.65	10.87

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	19.56	36.96	43.48
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.35	26.09	69.56
	Urgency of medical decision making	23.91	45.65	30.44
Technical Skill:		4.5	47.83	47.83
Physical Effort:		10.87	63.04	26.09
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	13.04	54.35	32.61
	Outcome depends on the skill and judgment of physician	0	41.30	58.69
	Estimated risk of malpractice suite with poor outcome	28.26	52.17	19.56

SS Rec Summary

ISSUE: Continuous Glucose Monitoring

TAB: 28

Source	CPT®	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99091	physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the	12	0.029			1.10			40	5					30			5
2nd REF	93227	recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health	7	0.021			0.52			24	2					15			7
CURRENT	95251	Ambulatory continuous glucose recording of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report		0.028			0.85			30	0	0	0	0	0	30			0
SVY	95251		46	0.048	0.10	0.70	1.08	1.45	63.30	31	6			0	10	15	24	45	10
REC	95251			0.039			0.70			20	2					15			3

*CPT five-digit codes, two-digit number modifiers, and descriptions only are copyright by the American Medical Association. No payment schedules, fee schedules, relative value units, scales, conversion factors, or components thereof are included in CPT. The AMA is not recommending that any specific relative values, fees, payment schedules, or related listings be attached to CPT. Any relative value scales or relative listings assigned to CPT codes are not those of the AMA, and the AMA is not recommending use of

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0							1								
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0							1		1						
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0							1								
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0							1								
REC	55555	abc		0.020			4.25			142	17	1	3			30			10								1	1.0			1								

Tab 28- CONTINUOUS GLUCOSE MONITORING (CGM)

(CPT Codes 95250 / 95251)

New Physician Work/Time Recommendation and Responses to RUC Reviewers' Comments

95251 New Recommendation For Physician Work and Times

We would like to recommend **0.66 work RVU for code 95251, with physician times of zero minutes pre-service, 20 minutes intra-service, and zero minutes' post-service**. The rationale for this revised recommendation is detailed in the responses to reviewers' comments (below).

95250

Reviewer 1 has questioned the rationale for our recommendation of clinical staff types RN/RD and RN/LPN rather than RN/LPN/MTA blend.

Our assignment of clinical staff types was based entirely on the prospective time-study of 41 patients undergoing CGM, as summarized on the first page of the PE SOR. In none of the 41 cases was the patient education necessary to use the CGM that is a key part of this code provided by an MTA or LPN, but rather by a highly trained professional such as an RN, or NP.

95251 – Physician Time

Reviewer 1 has questioned the validity of the two-minutes of pre-service time. We accept the reviewer's suggestion to delete the two minutes of pre–service time.

Reviewer 1 questions whether the writing/dictating of report, for which we recommended 5 minutes of post-service time, should rather be in the intra-service period for codes like 95251 that are "interpretation and report only". We confirmed with RUC staff that for "interpretation and report only" codes, the RUC rule is that writing/dictating of report belongs in the intra-service period.

Therefore, as per the reviewer's suggestion, and as confirmed by the RUC, we will transfer the work of writing/dictating from the post-service period to the intra-service period, and we will adjust our recommended times accordingly by decreasing the post-service time from 5 minutes to 0 and increasing the intra-service time from 15 minutes (survey median) to 20 minutes.

Consequently, we are now recommending **physician times of zero minutes pre-service, 20 minutes intra-service, and zero minutes post-service (total time of 20 minutes),** consistent with the reviewers' suggestions. These changes should also answer the concerns about pre-service and post-service time expressed by reviewer 2.

95251 – Physician Work

Both reviewer 1 and reviewer 2 questioned our recommendation of 0.70 work RVU, with their rationale based on comparisons of the physician work and intra-time between our 95251 recommendation and the current value of 95251, as well as comparisons between our 95251 recommendation and the two key reference services, 99091 and 93227.

Our responses to these questions are detailed below.

Key reference service #1 (99091) adjusted to intra-time of 20 minutes

99091 has a work RVU of 1.10 and intra-time of 30 minutes, while our 95251 recommendation has an intra-time of 20 minutes. To equalize the intra-times so that the two codes are directly comparable, we calculated a proxy 99091 by taking 1/3 off the values for 99091. This computation results in a proxy 99091 with a **work RVU of 0.73 and an intra-time of 20 minutes**.

Key reference service #2 (93227) adjusted to intra-time of 20 minutes

93227 has a work RVU of 0.52 and an intra-time of 15 minutes, while our 95251 recommendation has an intra-time of 20 minutes. To equalize the intra-times so that the two codes are directly comparable, we calculated a proxy 93227 by adding 1/3 to the values for 93227. This computation results in a proxy 93227 with a **work RVU of 0.69 and an intra-time of 20 minutes.**

Current value of 95251 adjusted to intra-time of 20 minutes.

At present, 95251 has a work RVU of 0.85 and an intra-time of 30 minutes, while our 95251 recommendation has an intra-time of 20 minutes. To equalize the intra-times so that the two codes are directly comparable, we calculated a proxy 95251 by taking 1/3 off the current values of 95251. This computation results in a proxy 95251 with a **work RVU of 0.57 and an intra-time of 20 minutes.**

Establishing a new 95251 work RVU recommendation

In the above paragraphs, we developed work RVUs for 3 proxy codes, all with intra-times of 20 minutes, to be used as comparators in developing a work RVU recommendation for 95251. As our recommended work RVU for 95251, we decided to take the average of the work RVU for the three proxy comparators described above (0.73, 0.69, 0.57), which comes out to 0.66 RVU.

The result is a 95251 recommendation of 0.66 RVU, with zero pre-service time, 20 minutes intra-service time, and zero minutes post-service time, with IWPUT of 0.033.

Comparison with other codes in the RUC database

There are 13 RUC-valued XXX codes in the RUC database with an intra-time of 20 minutes and a total time of 20 minutes, identical to our 95251 recommendation. The median RVU for these 13 comparison codes is 0.69 work RVU, which is above our 95251 recommendation of 0.66.

Duplication of E&M work

As of the latest RUC data release, and according to RUC definitions, 95251 is now "typically" (52% of the time) performed with a separate E&M service on the same day. Reviewer 1 questions whether the crafting of a new treatment protocol, which is listed as part of the intra-service work of 95251 in the SOR, should actually be part of the subsequent E&M.

We agree with the reviewer that the work of crafting a new treatment protocol is, indeed, a part of the work of the subsequent E&M visit; the work of 95251 is limited to interpretation of the data and report. We apologize for incorrect wording.

Importance of key reference services versus other comparator codes

Both reviewers emphasize comparisons of our 95251 recommendation with the two key reference services, while assigning the comparison with other codes in the RUC database a lesser degree of importance.

In that regard, we would point out that 11 of the 17 codes on the reference service list were selected by at least one survey participant as their key reference service, and 60% of the survey participants selected a key reference service that was NOT one of the top two key reference service codes used in the SOR. In view of this wide variation in the selection of the key reference service, we feel that, in this particular situation, it is appropriate to put significant emphasis on comparator codes other than the top two key reference services.

IWPUT analysis

The reviewers commented on differences between the IWPUT of our recommendation and the various comparators (e.g. key reference services, current values of the surveyed code).

We believe that the IWPUT of our modified 95251 recommendations (0.033) is quite comparable to the IWPUT of the three proxy comparator codes (0.029, 0.028, 0.021) described above, as well as to the IWPUT of other codes that involve pure cognitive work, such as psychotherapy (90832: IWPUT = 0.038) or cardiac stress test, interpretation and report only (93018: IWPUT = 0.033).

Survey participation rate

Reviewer 2 commented on the relatively small number of physicians surveyed for 95251.

In response, we would note that endocrinology is a very small subspecialty, and one which traditionally has had a very low participation rate for RUC surveys. The number of 46 completed surveys for 95251, which exceeds the RUC threshold of 30, is in fact the largest number of survey respondents that endocrinology has ever had in a RUC survey.

Patient 1

Patient:
Patient ID:
Print date:

Date interval:
Number of days:

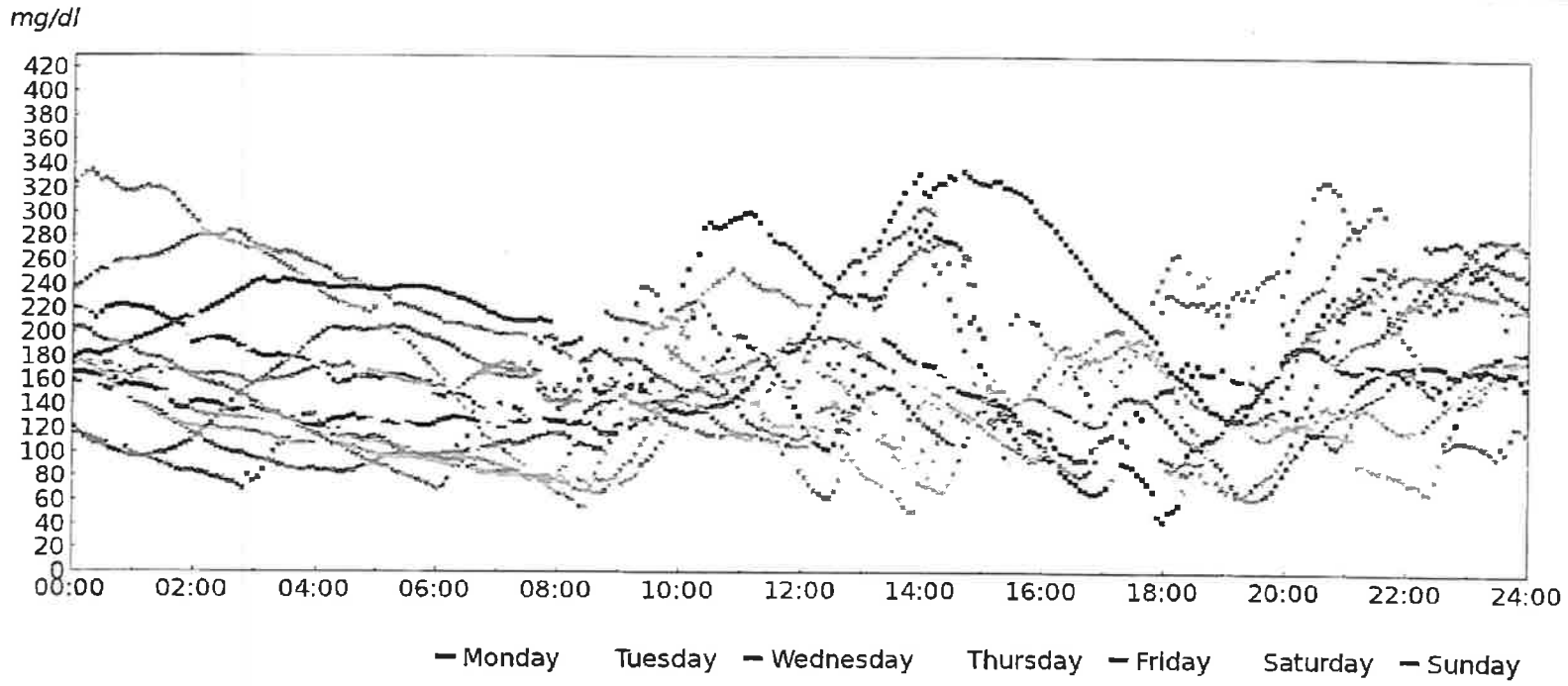
diasend

Glucose meters:

Insulin pump:

Combination device:

CGM: Standard day



Statistics

Number of values:	**5517**	Values above goal (180 mg/dl):	**1645**	Highest value (mg/dl):	**362**	(09/10/2015 18:47)
Values per day:	**262.7**	Values within goal (70-180 mg/dl):	**3768**	Lowest value (mg/dl):	**39**	(09/03/2015 14:32)
Period average (mg/dl):	**160**	Values below goal (70 mg/dl):	**104**	Standard deviation:	**55**	

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1 of 11

Patient: [redacted]
Patient ID: [redacted]
Print date:

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] Insulin pump: [redacted] Combination device:

CGM : Statistics

	00	01	02	03	04	05	06	07	08	09	10	11
# of CGM Readings	247	252	252	252	247	248	251	242	236	224	222	234
Median CGM Value (mg/dl)	180	175	164	173	162	157	147	132	132	141	149	150
Avg CGM Value (mg/dl)	193	183	175	168	159	150	142	133	127	147	157	157
Min (mg/dl)	96	84	69	78	83	66	64	67	54	73	92	84
25% Quartile	162	144	136	121	114	105	104	105	106	124	126	120
75% Quartile	223	222	210	197	201	190	166	162	147	168	175	184
Max (mg/dl)	334	321	291	271	256	238	235	214	217	237	296	300
SD (mg/dl)	52	54	53	51	48	47	40	38	33	34	45	46

	12	13	14	15	16	17	18	19	20	21	22	23	Totals
# of CGM Readings	228	209	215	200	187	182	218	221	237	236	237	240	5517
Median CGM Value (mg/dl)	137	142	135	137	146	141	131	140	167	173	166	177	153
Avg CGM Value (mg/dl)	150	157	150	150	151	141	141	151	178	188	182	193	160
Min (mg/dl)	62	51	39	58	54	43	51	61	88	78	67	97	39
25% Quartile	118	111	100	109	107	106	97	119	138	152	141	159	121
75% Quartile	176	181	164	185	182	180	171	168	206	227	226	233	189
Max (mg/dl)	260	332	335	327	294	269	362	340	327	307	324	324	362
SD (mg/dl)	44	66	74	57	57	48	58	57	57	52	56	54	55

2 of 11

Patient: [redacted]
Patient ID: [redacted]
Print date:

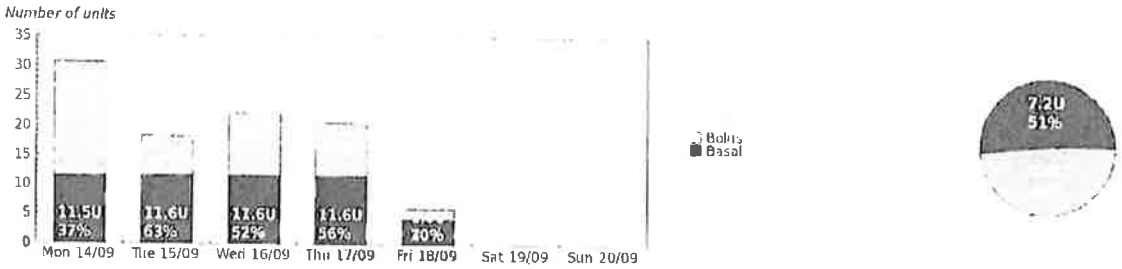
Date interval: [redacted]
Number of days: [redacted]

diasend

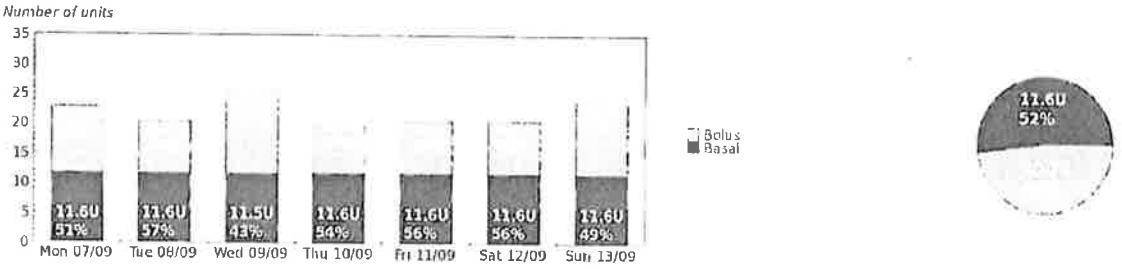
Glucose meters: [redacted] Insulin pump: [redacted] Combination device:

Insulin : Week

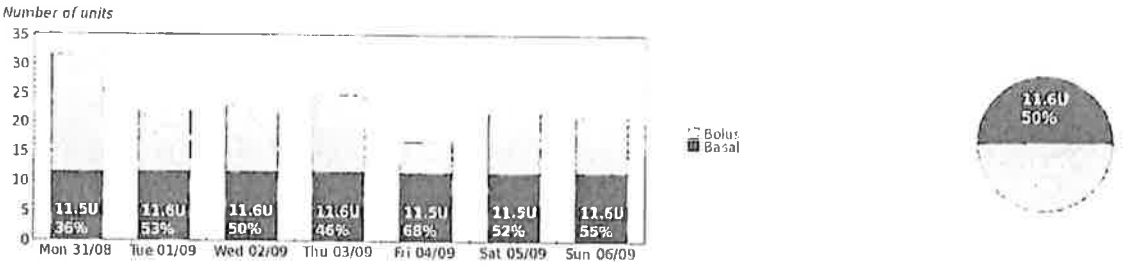
Week 38 (09/14/2015 - 09/20/2015)



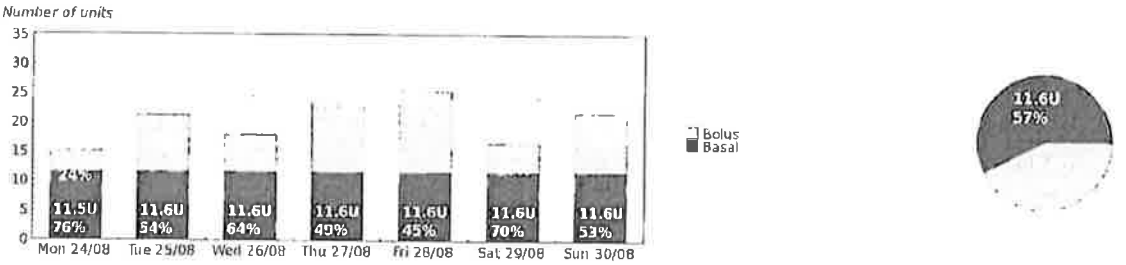
Week 37 (09/07/2015 - 09/13/2015)



Week 36 (08/31/2015 - 09/06/2015)



Week 35 (08/24/2015 - 08/30/2015)



Insulin : Bolus adherence

47 deviating boluses detected out of **106** bolus calculator assisted boluses (out of **148** boluses in total)

Date	Time	Delivered (U)	Calculated (U)	Bolus Type	Duration (min)	Pre-Bolus BG (mg/dl)	Post-Bolus BG (mg/dl)
08/30/2015	15:03	1.20	0.90	ezBG		08/30/2015 15:02 : 188	08/30/2015 17:18 : 225
08/30/2015	21:02	0.50	0.10	ezBG		08/30/2015 21:00 : 222	08/30/2015 21:44 : 241
08/30/2015	21:45	1.00	0.65	ezBG		08/30/2015 21:44 : 241	08/31/2015 10:01 : 292
08/31/2015	10:16	1.00	0.40	ezBG		08/31/2015 10:14 : 298	08/31/2015 10:54 : 275
08/31/2015	10:56	0.50	0.00	ezBG		08/31/2015 10:54 : 275	08/31/2015 11:33 : 260
08/31/2015	11:35	1.00	0.20	ezBG		08/31/2015 11:33 : 260	08/31/2015 12:13 : 219
08/31/2015	14:05	2.25	0.00	ezBG		08/31/2015 14:04 : 268	08/31/2015 14:43 : 209
08/31/2015	14:45	1.00	0.00	ezBG		08/31/2015 14:43 : 209	08/31/2015 15:09 : 162
08/31/2015	20:51	0.50	0.00	ezBG		08/31/2015 20:49 : 217	08/31/2015 22:50 : 263
08/31/2015	22:51	2.00	1.65	ezBG		08/31/2015 22:50 : 263	09/01/2015 07:23 : 160
09/02/2015	13:39	2.00	1.90	ezBG		09/02/2015 13:38 : 300	09/02/2015 14:09 : 256
09/02/2015	19:57	2.00	0.00	ezBG		09/02/2015 19:55 : 209	09/02/2015 21:01 : 264
09/02/2015	21:38	1.00	0.50	ezBG		09/02/2015 21:37 : 241	09/03/2015 07:20 : 173
09/05/2015	10:16	0.50	0.20	ezBG		09/05/2015 10:14 : 136	09/05/2015 14:06 : 195
09/05/2015	20:22	0.60	0.50	ezBG		09/05/2015 20:21 : 259	09/05/2015 21:37 : 290
09/05/2015	21:38	2.10	1.70	ezBG		09/05/2015 21:37 : 290	09/05/2015 22:24 : 350
09/05/2015	22:25	2.00	1.20	ezBG		09/05/2015 22:24 : 350	09/06/2015 04:53 : 246
09/06/2015	04:54	1.80	1.70	ezBG		09/06/2015 04:53 : 246	09/06/2015 07:54 : 78
09/06/2015	09:43	1.50	1.25	ezBG		09/06/2015 09:42 : 213	09/06/2015 15:40 : 87
09/09/2015	00:27	0.60	0.55	ezBG		09/09/2015 00:26 : 183	09/09/2015 07:44 : 152
09/09/2015	12:53	0.50	0.00	ezBG		09/09/2015 12:51 : 254	09/09/2015 14:23 : 256
09/09/2015	14:25	0.30	0.20	ezBG		09/09/2015 14:23 : 256	09/09/2015 17:33 : 206
09/09/2015	19:26	0.20	0.00	ezBG		09/09/2015 19:25 : 234	09/09/2015 20:08 : 213
09/09/2015	20:55	0.50	0.00	ezBG		09/09/2015 20:54 : 249	09/09/2015 21:16 : 242
09/09/2015	21:18	0.50	0.00	ezBG		09/09/2015 21:16 : 242	09/09/2015 23:30 : 115
09/10/2015	18:49	0.50	0.30	ezBG		09/10/2015 18:49 : 294	09/10/2015 19:43 : 319
09/10/2015	18:51	0.25	0.05	ezBG		09/10/2015 18:49 : 294	09/10/2015 19:43 : 319
09/10/2015	19:45	2.20	1.35	ezBG		09/10/2015 19:43 : 319	09/10/2015 20:49 : 276
09/10/2015	20:50	1.00	0.45	ezBG		09/10/2015 20:49 : 276	09/10/2015 21:24 : 245
09/12/2015	15:57	0.50	0.30	ezBG		09/12/2015 15:56 : 181	09/12/2015 17:59 : 71
09/12/2015	22:18	1.30	1.15	ezBG		09/12/2015 22:17 : 227	09/13/2015 08:08 : 77
09/13/2015	10:54	2.00	1.90	ezBG		09/13/2015 10:53 : 270	09/13/2015 13:36 : 64
09/13/2015	14:26	0.50	0.00	ezBG		09/13/2015 14:24 : 168	09/13/2015 16:56 : 180
09/13/2015	16:57	0.75	0.65	ezBG		09/13/2015 16:56 : 180	09/14/2015 07:55 : 183
09/14/2015	13:56	0.15	0.10	ezBG		09/14/2015 13:55 : 300	09/14/2015 14:09 : 308
09/14/2015	14:19	0.20	0.05	ezBG		09/14/2015 14:18 : 374	09/14/2015 14:20 : 371
09/14/2015	15:15	2.50	0.00	ezBG		09/14/2015 15:14 : 307	09/14/2015 15:42 : 328
09/14/2015	16:03	2.25	0.00	ezBG		09/14/2015 16:02 : 321	09/14/2015 17:46 : 215
09/14/2015	17:48	1.00	0.00	ezBG		09/14/2015 17:46 : 215	09/14/2015 22:02 : 173
09/15/2015	12:26	1.00	0.90	ezBG		09/15/2015 12:25 : 189	09/15/2015 18:09 : 92
09/15/2015	19:32	1.50	0.00	ezBG		09/15/2015 19:31 : 170	09/16/2015 05:53 : 62
09/16/2015	13:04	1.50	0.85	ezBG		09/16/2015 13:03 : 277	09/16/2015 15:46 : 128
09/16/2015	22:54	2.50	2.25	ezBG		09/16/2015 22:53 : 299	09/16/2015 23:10 : 281
09/17/2015	16:10	1.50	1.45	ezBG		09/17/2015 16:09 : 237	09/17/2015 18:25 : 198
09/17/2015	18:26	1.10	0.80	ezBG		09/17/2015 18:25 : 198	09/17/2015 19:12 : 162
09/17/2015	20:46	0.50	0.00	ezBG		09/17/2015 20:45 : 161	09/17/2015 23:00 : 129
09/18/2015	07:51	1.30	0.80	ezBG		09/18/2015 07:50 : 180	09/18/2015 09:47 : 174

Patient: [redacted]
Patient ID: [redacted]
Print date:

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**

Insulin: Pump settings

Insulin pump settings for serial number: [redacted] **Upload date:** [redacted])

Bolus

Setting	Value
Audio Bolus Enable	Enabled
Audio Bolus Stepsize per program keypress	1.0 U
Advanced Bolus Options enable	Enabled
Bolus Reminder Options enable	Disabled
Bolus Delivery Speed	Normal
Max Bolus	15 U

Basal

Setting	Value
Max Basal	3 U/h
Max Total Daily Dose	100 U
Active basal program	1

General

Setting	Value
Language Selection Index	English
Last Keypress to display timeout	60 s
Auto-Off Enable	Disabled
Auto-Off Timeout	12 h
Max 2-Hr limit	50 U
Occlusion Sensitivity Level	Low
Insulin-On-Board	Enabled
Insulin-On-Board Duration	3 h
Sick days, BG over limit	300 mg/dl
Sick days, check ketones	4 h
Sick days, check BG	2 h
Low Cartridge Warning Level	20 U
BG unit	mg/dl
Time format	12 h

I:C ratio settings

	Start	1 U: [g]
1	00:00:00	18
2	12:00:00	20
3	17:30:00	20

ISF programs

	Start	ISF [mg/dl]
1	00:00:00	75

BG target range settings

	Start	Target [mg/dl]	Range [mg/dl]
1	00:00:00	120	+/- 10

Basal profiles

Program: 1

	Start	Rate
1	00:00:00	0.300
2	03:00:00	0.400
3	11:00:00	0.550
4	16:00:00	0.550
5	19:00:00	0.625

Sum: 11.625 U

Program: 2

	Start	Rate
1	00:00:00	0.000

Sum: 0.000 U

Program: 3

	Start	Rate
1	00:00:00	0.000

Sum: 0.000 U

Program: 4

	Start	Rate
1	00:00:00	0.000

Sum: 0.000 U

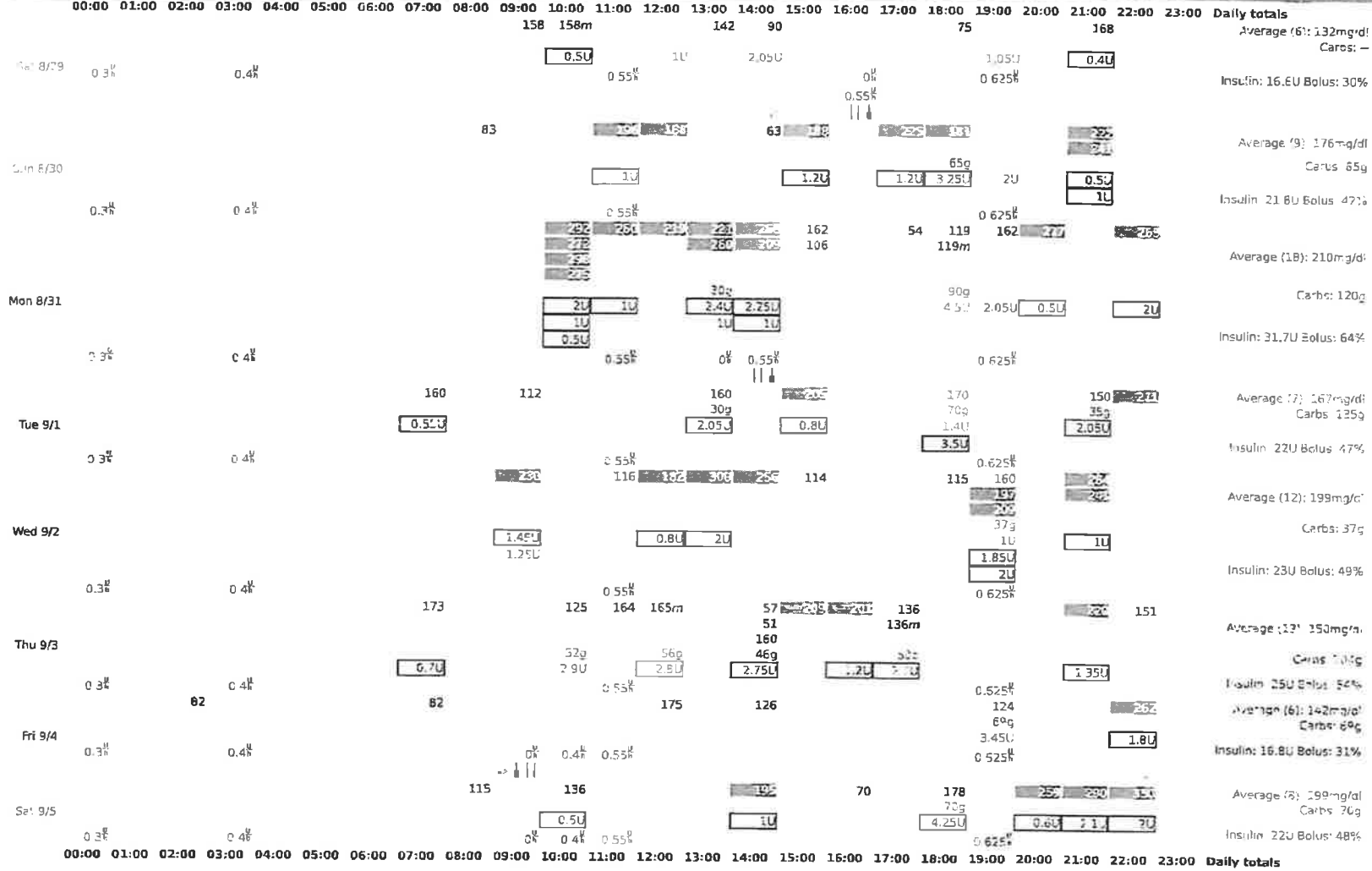
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]
Insulin pump: [redacted]
Combination device: [redacted]

Comparison: Logbook/table



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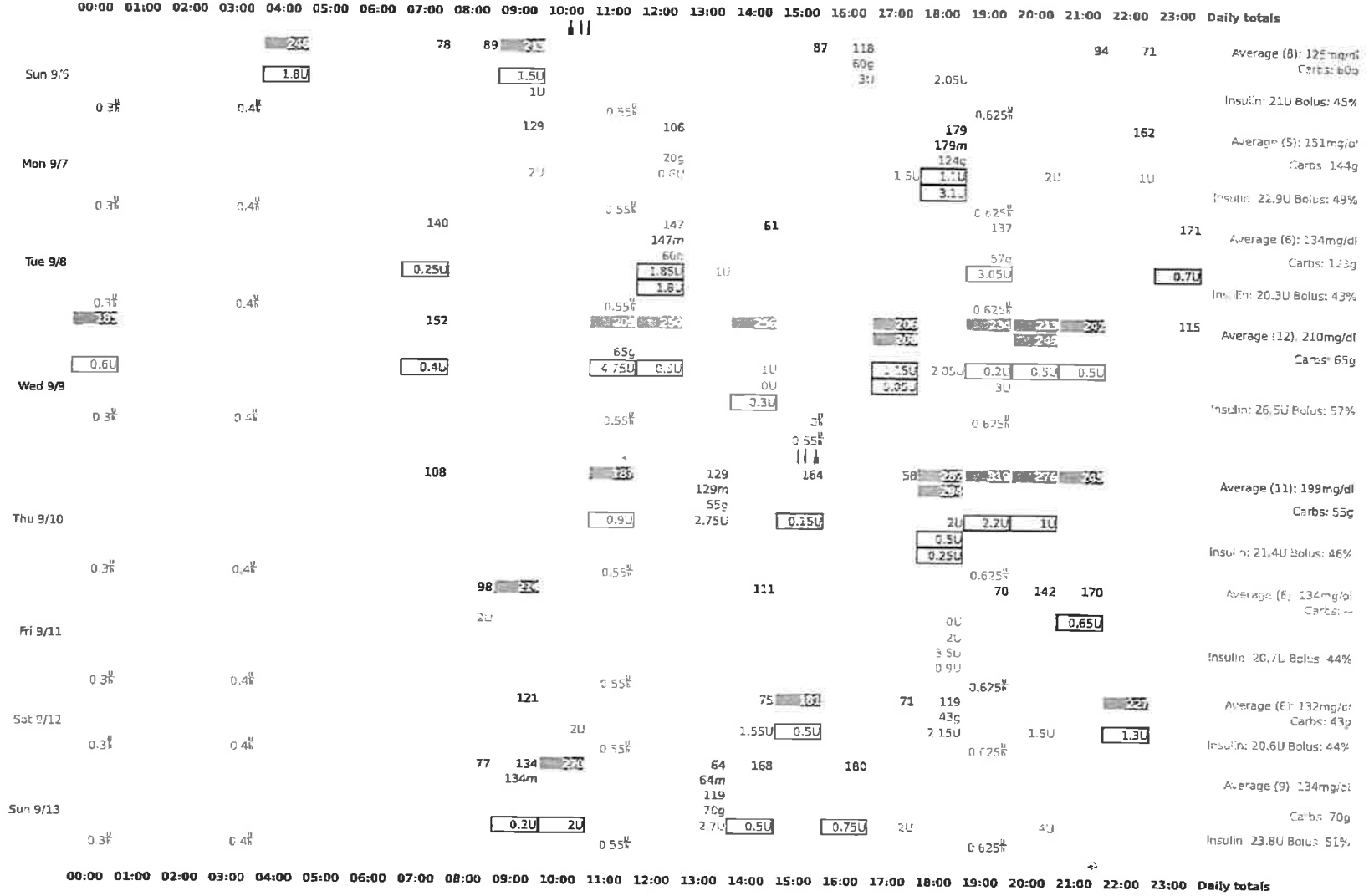
 8 11

Patient: –
Patient ID: –
Print date:

Date interval: [redacted]
Number of days: 21

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**

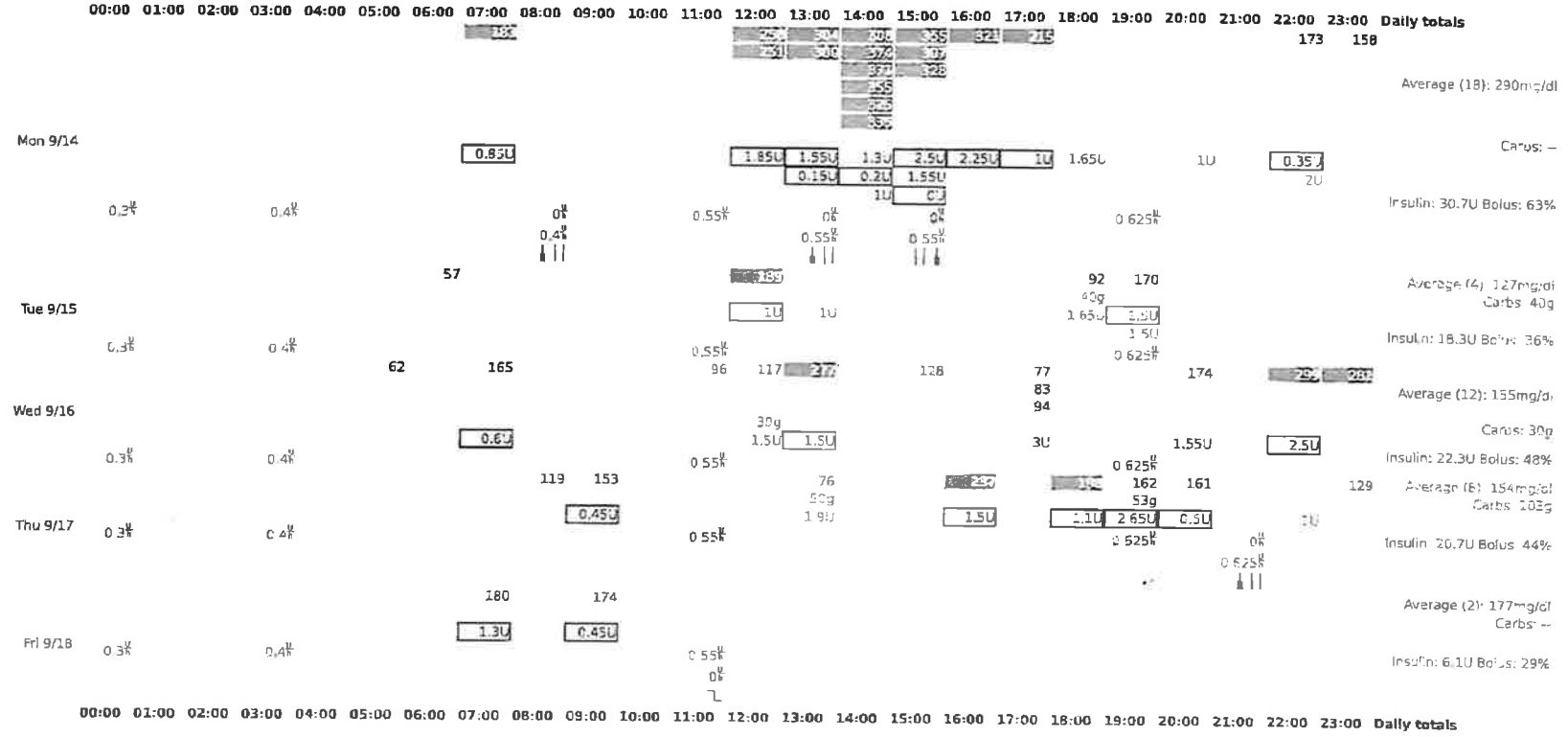


Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**



< 70 mg/dl Within > 180 mg/dl m tagged values were typed in manually by the patient Bolus with correction

Suspend Resume Temp. basal Pump alarm Fill Cannula Prime

Statistics

Number of values:	186	Values above goal (180 mg/dl):	83	Highest value (mg/dl):	374	(09/14/2015 14:18)
Values per day:	8.9	Values within goal (70-180 mg/dl):	93	Lowest value (mg/dl):	51	(09/03/2015 14:19)
Period average (mg/dl):	179	Values below goal (70 mg/dl):	10	Standard deviation:	77	

This report does not include CGM readings.

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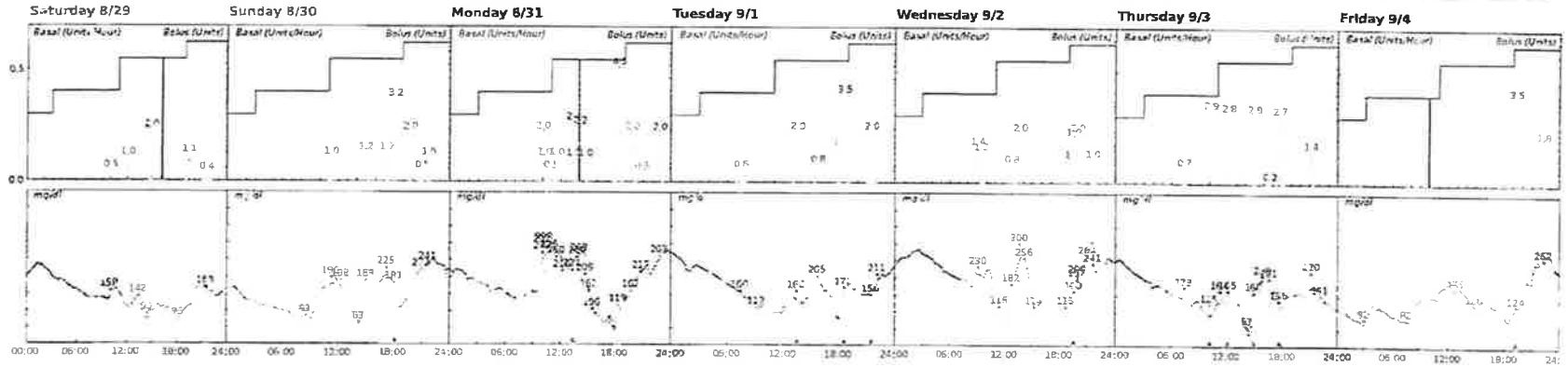
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

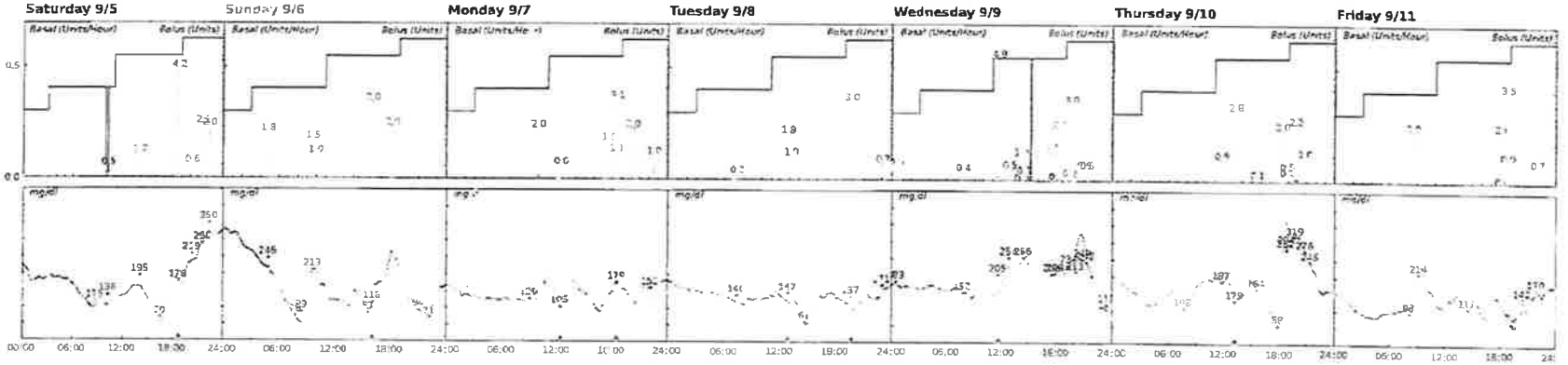
Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**

Comparison : Day by day overview



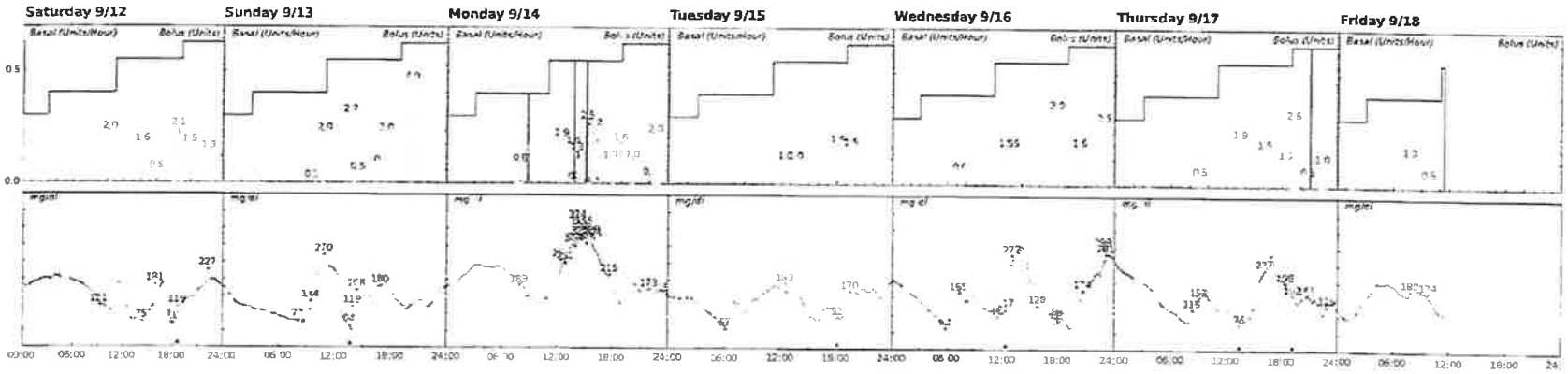


Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: 21

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted] **Combination device:**



Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted] Insulin pump: [redacted] Combination device: -

Compilation

Glucose	
Average 179 mg/dl	
SD = 77	# = 186
Avg # / day = 8.9	

CGM	
Average 160 mg/dl	
SD = 55	# = 5517
Avg # / day = 262.7	

Insulin	
Average daily dose 21.6 U	
SD = 5	# days = 21
Avg # bolus doses/day = 7	

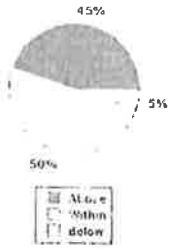
Carbs	
Average carbs / day 68 g	
SD = 53	# = 28
Avg # / day = 1.3	

Activity	
Avg steps / day 0 steps	Avg kcal / day 0 kcal
0% of 10000 (target)	0% of 2500 (target)

Glucose (mg/dl)

Glucose values summary	
Average (mg/dl)	179
Median (mg/dl)	170
Highest value (mg/dl)	374
Lowest value (mg/dl)	51
Standard deviation (SD)	77
Values per day	8.9
Number of values	186
Values above goal (180 mg/dl)	83
Values within goal (70-180 mg/dl)	93
Values below goal (70 mg/dl)	10

Interval	Avg BG	# BG	SD
00:00-06:00	143	4	75
06:00-08:00	134	11	43
08:00-10:00	139	17	45
10:00-12:00	204	15	67
12:00-14:00	183	27	72
14:00-16:00	199	34	102
16:00-18:00	150	18	75
18:00-20:00	170	25	62
20:00-22:00	212	20	50
22:00-24:00	202	15	75



CGM (mg/dl)

CGM readings summary	
Average (mg/dl)	160
Median (mg/dl)	153
AUC high > 180 mg/dl	14
AUC low < 70 mg/dl	0
Highest value (mg/dl)	362
Lowest value (mg/dl)	39
Standard deviation (SD)	55
Values per day	262.7
Number of values	5517
Values above goal (180 mg/dl)	1645
Values within goal (70-180 mg/dl)	3768
Values below goal (70 mg/dl)	104
Average daily CGM sensor duration	21:55
Total CGM sensor duration	19 days 03:45

Interval	Avg	#	SD
00:00-06:00	171	1500	53
06:00-08:00	137	501	39
08:00-10:00	136	472	35
10:00-12:00	158	462	46
12:00-14:00	153	440	56
14:00-16:00	150	420	66
16:00-18:00	146	377	54
18:00-20:00	147	445	58
20:00-22:00	183	481	55
22:00-24:00	187	484	55



Insulin

Insulin doses summary	
Average daily insulin (U)	21.6
Standard deviation (SD)	5.1
Average daily basal (U)	11.2
Average daily bolus (U)	10.4
Average bolus doses/day	7
Average days between cannula fills	2.4
Average days between primes	2.1

Carb summary	
Avg # carbs/day	68 g
Standard deviation (SD)	53

Bolus calculation summary	
Avg # ezBG Boluses/day	3.7 (53%)
Avg # ezCarb Boluses/day	1.3 (19%)
Avg # Combo Boluses/day	0 (0%)
Avg # Normal Boluses/day	2 (28%)
Bolus overrides/total boluses	32%
Avg # bolus overrides/day	2.2
Avg # bolus ezBG overrides/day	2.2
Avg # bolus ezCarb overrides/day	0
Avg # carbs/ezCarb Bolus	51 g
Avg # Insulin Units/ezCarb Bolus	3



Patient 2

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

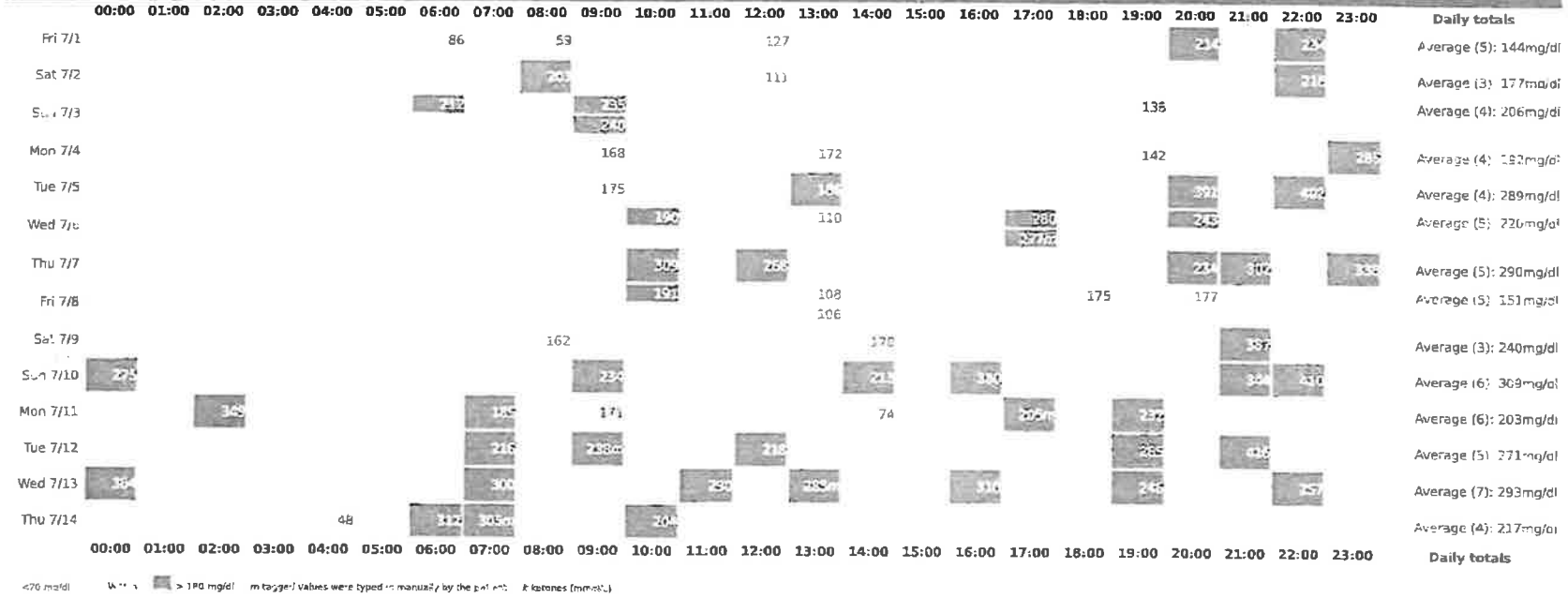
Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Glucose: Logbook/table



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

This report does not include CGM readings

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

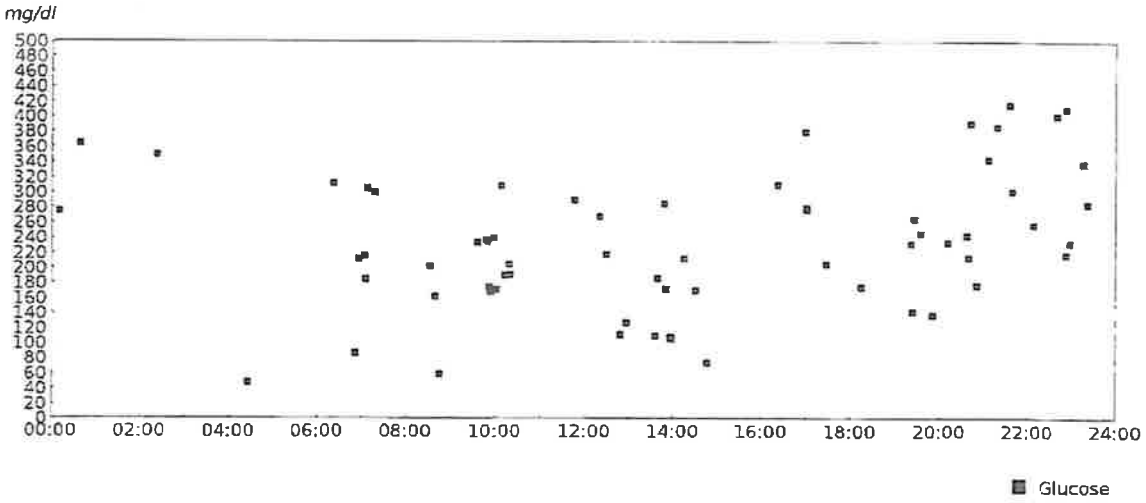
Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Glucose: Standard day



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

3 6 13

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

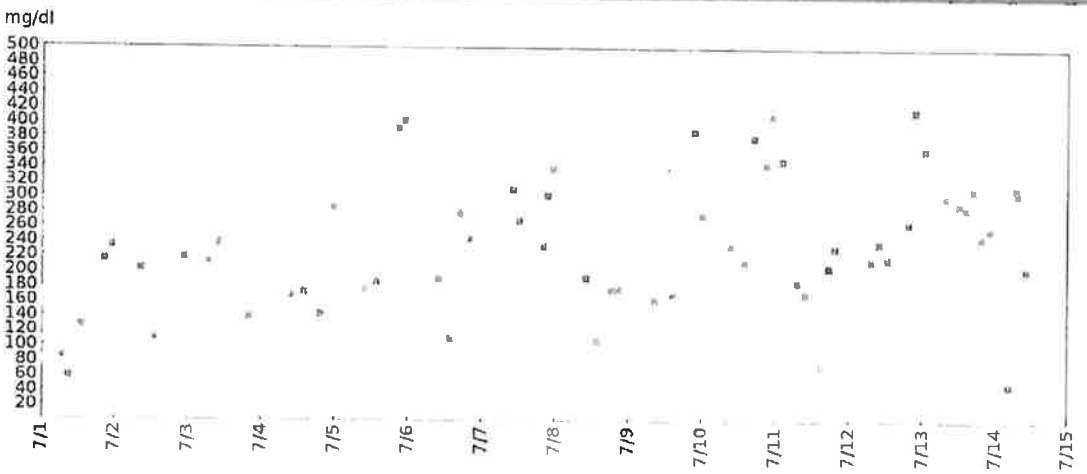
Date interval: [redacted]
Number of days: 14

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Glucose: Trend



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

Patient: [redacted]
Patient ID:
Print date:

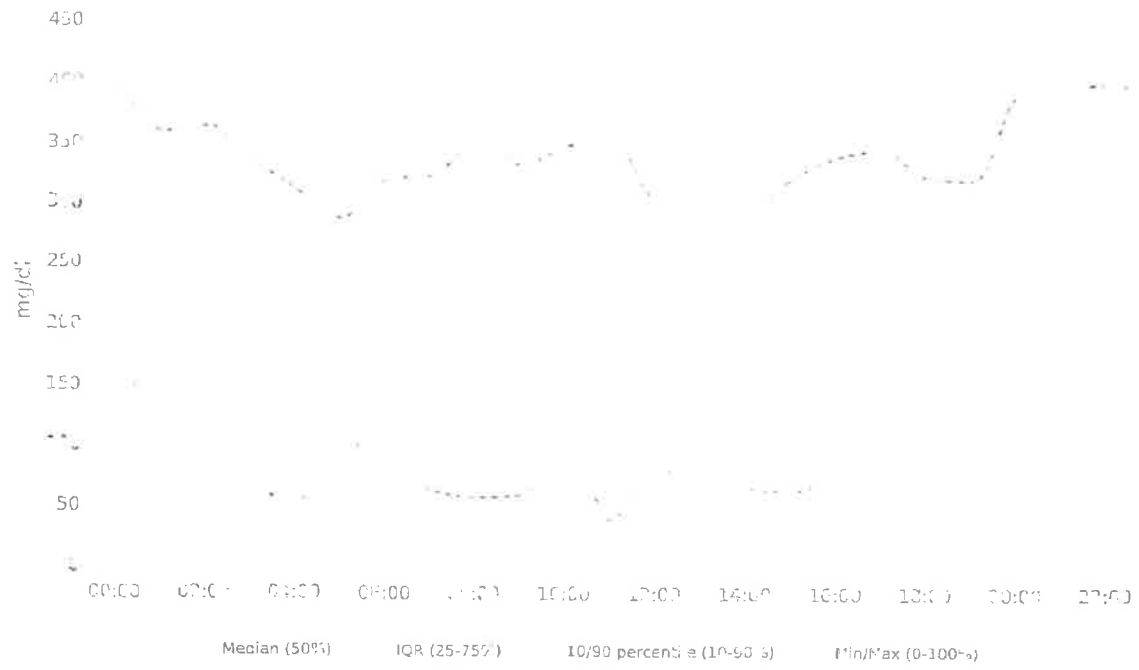
Date interval: [redacted]
Number of days:

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

CGM: Standard day



Statistics

Number of values:	3355	Values above goal (180 mg/dl):	2254	Highest value (mg/dl):	401	(07/13/2016 07:19)
Values per day:	239.6	Values within goal (70-180 mg/dl):	1068	Lowest value (mg/dl):	39	(07/08/2016 11:19)
Period average (mg/dl):	217	Values below goal (70 mg/dl):	33	Standard deviation:	75	

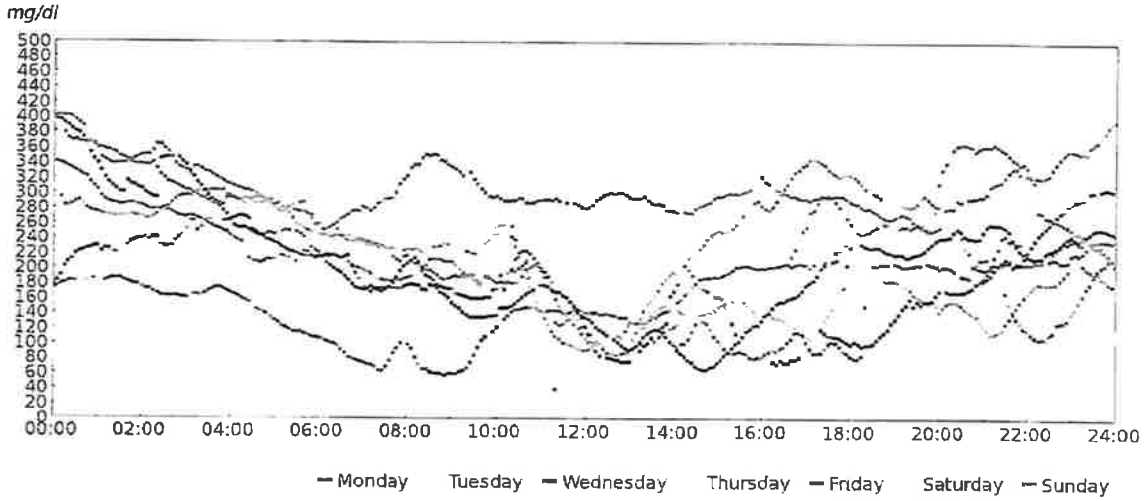
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]



Statistics

Number of values:	**3355**	Values above goal (180 mg/dl):	**2254**	Highest value (mg/dl):	**401**	(07/13/2016 00:19)
Values per day:	**239.6**	Values within goal (70-180 mg/dl):	**1068**	Lowest value (mg/dl):	**39**	(07/08/2016 11:19)
Period average (mg/dl):	**217**	Values below goal (70 mg/dl):	**33**	Standard deviation:	**75**	

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

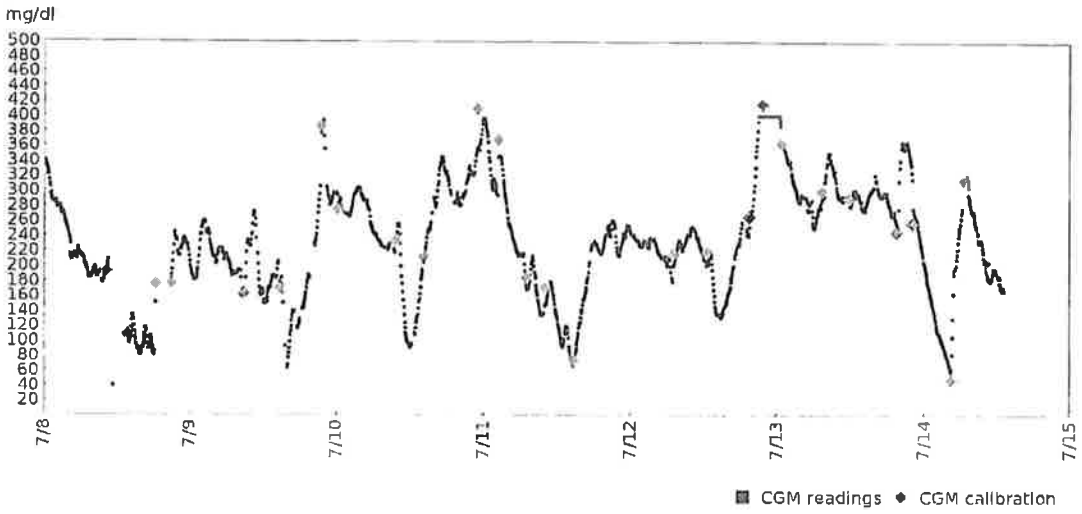
Date interval: [redacted]
Number of days: [redacted]

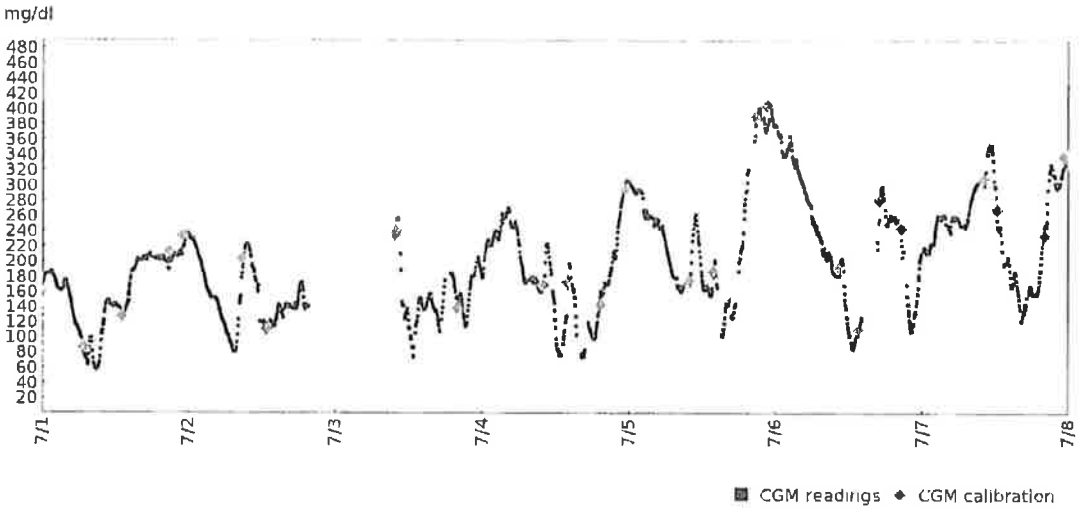
diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

CGM: Trend





Statistics

Number of values:	3355	Values above goal (180 mg/dl):	2254	Highest value (mg/dl):	401 (07/13/2016 00:19)
Values per day:	239.6	Values within goal (70-180 mg/dl):	1068	Lowest value (mg/dl):	39 (07/06/2016 11:19)
Period average (mg/dl):	217	Values below goal (70 mg/dl):	33	Standard deviation:	75

7 8 13

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

CGM : Statistics

	00	01	02	03	04	05	06	07	08	09	10	11
# of CGM Readings	151	156	154	156	156	155	156	155	151	135	154	142
Median CGM Value (mg/dl)	241	235	259	258	242	226	213	194	200	207	203	171
Avg CGM Value (mg/dl)	267	253	249	240	225	221	209	199	206	205	216	188
Min (mg/dl)	165	126	98	72	51	108	76	63	57	59	121	39
25% Quartile	201	215	227	213	206	211	192	175	168	169	180	142
75% Quartile	332	294	291	288	267	254	247	233	231	234	252	223
Max (mg/dl)	401	359	364	335	311	288	320	323	351	332	348	352
SD (mg/dl)	74	60	66	65	61	48	57	64	67	62	50	67

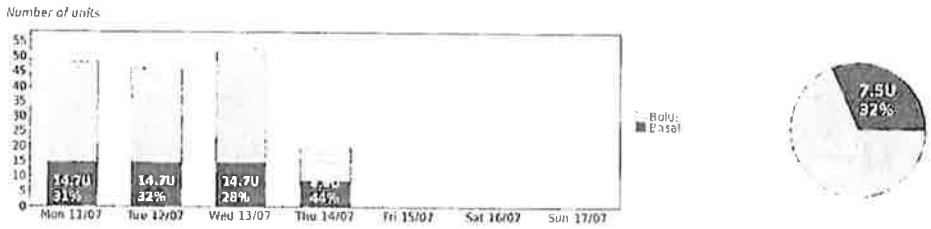
	12	13	14	15	16	17	18	19	20	21	22	23	Totals
# of CGM Readings	143	130	132	120	135	124	108	126	113	131	138	134	3355
Median CGM Value (mg/dl)	141	151	162	147	142	182	204	219	245	260	260	286	214
Avg CGM Value (mg/dl)	157	160	164	161	170	197	199	220	254	275	266	284	217
Min (mg/dl)	74	76	65	63	73	84	80	133	131	114	107	142	39
25% Quartile	108	119	131	118	126	128	155	179	191	207	214	228	163
75% Quartile	186	186	192	188	202	279	251	257	297	356	322	354	268
Max (mg/dl)	301	296	296	322	339	345	322	320	393	401	401	401	401
SD (mg/dl)	64	53	54	64	71	79	62	50	71	89	80	73	75

Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]
Date interval: [redacted]
Number of days: [redacted]
Glucose meters: [redacted]
Insulin pump: [redacted]

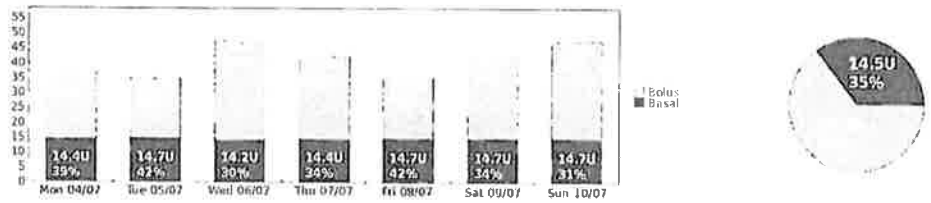
diasend

Insulin : Week

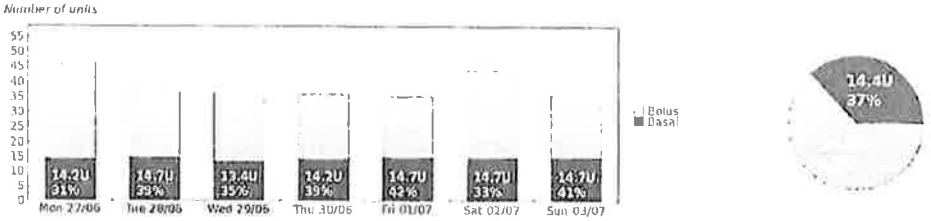
Week 28 (07/17/2016 - 07/23/2016)



Week 27 (07/10/2016 - 07/16/2016)



Week 26 (06/26/2016 - 07/02/2016)



Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date Interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]

Insulin : Bolus adherence

5 deviating boluses detected out of **67** bolus calculator assisted boluses (out of **67** boluses in total)

Date	Time	Delivered (U)	Calculated (U)	Bolus Type	Duration (min)	Pre-Bolus BG (mg/dl)	Post-Bolus BG (mg/dl)
07/05/2016	22:41	1.45	0.95			07/05/2016 22:40 : 402	07/06/2016 10:12 : 190
07/10/2016	16:59	2.00	1.85			07/10/2016 16:59 : 380	07/10/2016 21:06 : 344
07/12/2016	21:36	0.75	0.00			07/12/2016 21:35 : 416	07/13/2016 00:38 : 364
07/13/2016	16:22	1.50	0.90			07/13/2016 16:22 : 310	07/13/2016 19:34 : 246
07/14/2016	06:22	3.00	2.90			07/14/2016 06:21 : 312	07/14/2016 07:06 : 305

Insulin: Pump settings

Insulin pump settings for serial number [redacted] U[redacted]al)

Bolus

Setting	Value
Suggestion bolus	Enabled
Bolus Reminder Options enable	Disabled
Max Bolus	20 U
Extended	U

Basal

Setting	Value
Max Basal	1 U/h
Temp basal mode	Off
Active basal program	1

General

Setting	Value
Min BG for calcs	70 mg/dl
BG goal low	100 mg/dl
BG goal high	150 mg/dl
Insulin action	240 min
Reverse correction	Enabled
Low reservoir level	10.0 U
BG reminder	Disabled
Pod expiration	180 min
Auto-off alarm	Disabled
Reminder alerts	Disabled
Confidence alerts	Disabled
BG unit	mg/dl
BG sound	Disabled
Bolus increment	0.1 U
Language	English

I:C ratio settings

Start	1 U. [g]
1 00:00:00	10
2 05:00:00	5
3 22:00:00	10

ISF programs

Start	ISF [mg/dl]
1 00:00:00	55

BG target range settings

Start	Target [mg/dl]	Threshold [mg/dl]
1 00:00:00	150	150

Basal profiles

Program: 1

Start	Rate
1 00:00:00	0.850
2 03:00:00	0.800
3 06:00:00	0.500
4 17:00:00	0.550
5 23:00:00	0.950

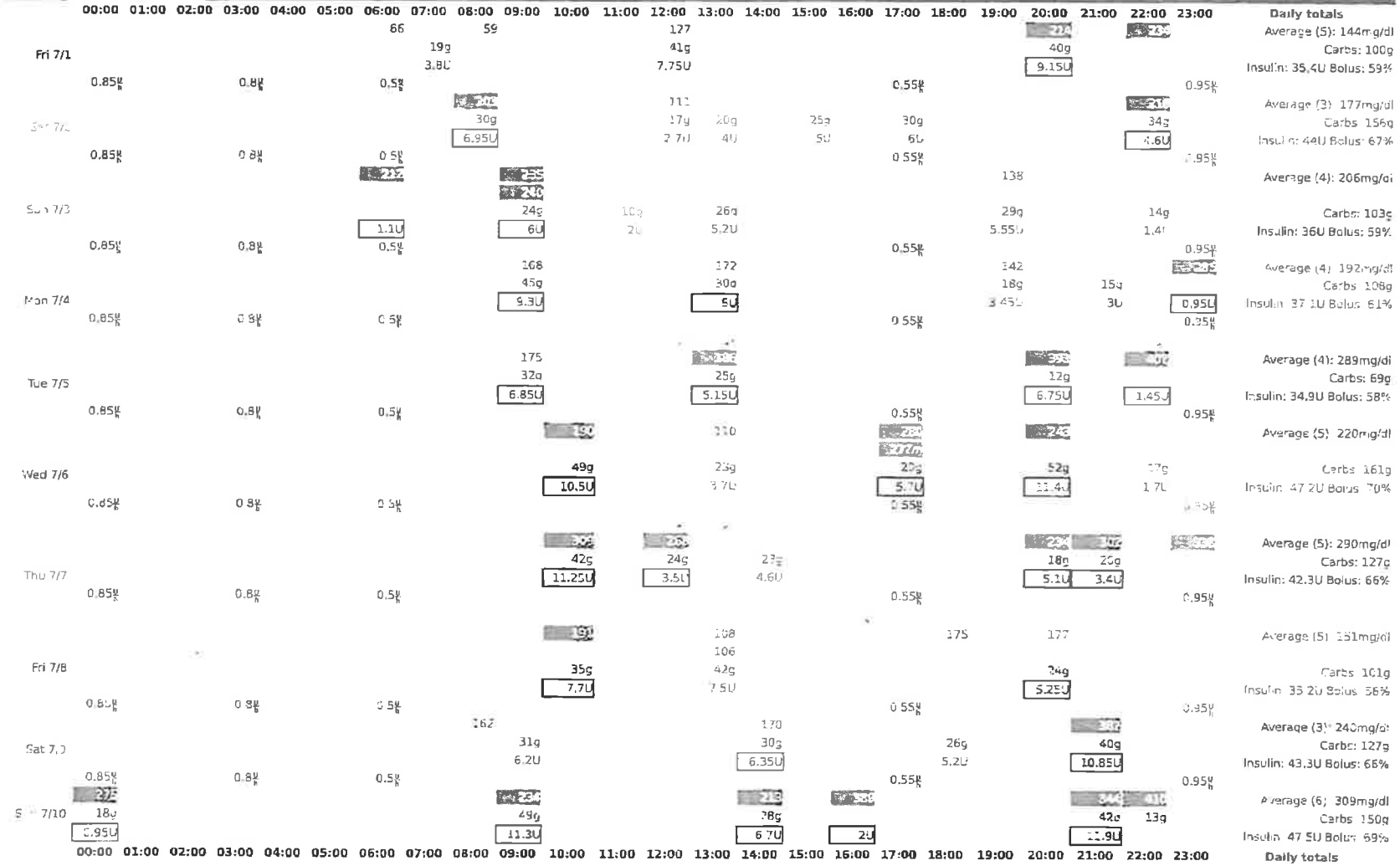
Sum: 14.700 U

Patient: [redacted] **Date interval:** [redacted]
Patient ID: **Number of days:** [redacted]
Print date:

diasend

Glucose meters: [redacted] **Insulin pump:** [redacted]

Comparison: Logbook/table



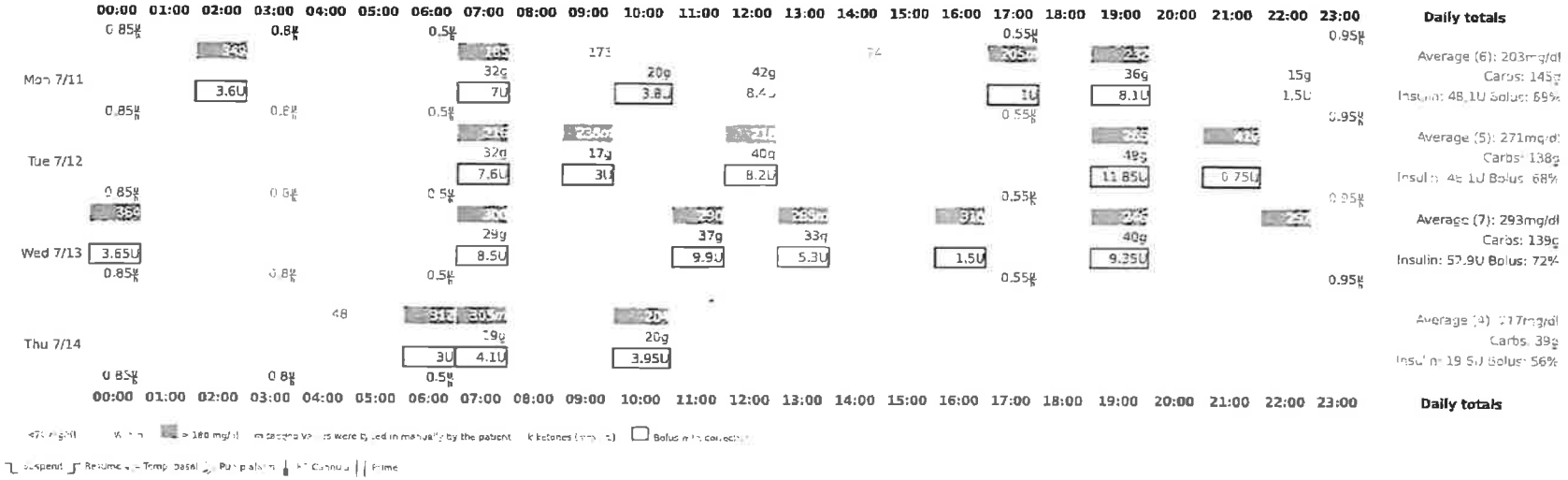
Patient: [redacted]
Patient ID: [redacted]
Print date: [redacted]

Date interval: [redacted]
Number of days: [redacted]

diasend

Glucose meters: [redacted]

Insulin pump: [redacted]



Statistics

Number of values:	66	Values above goal (180 mg/dl):	47	Highest value (mg/dl):	416	(07/12/2016 21:35)
Values per day:	4.7	Values within goal (70-180 mg/dl):	17	Lowest value (mg/dl):	48	(07/14/2016 04:25)
Period average (mg/dl):	233	Values below goal (70 mg/dl):	2	Standard deviation:	88	

Patient:
Patient ID:
Print date:

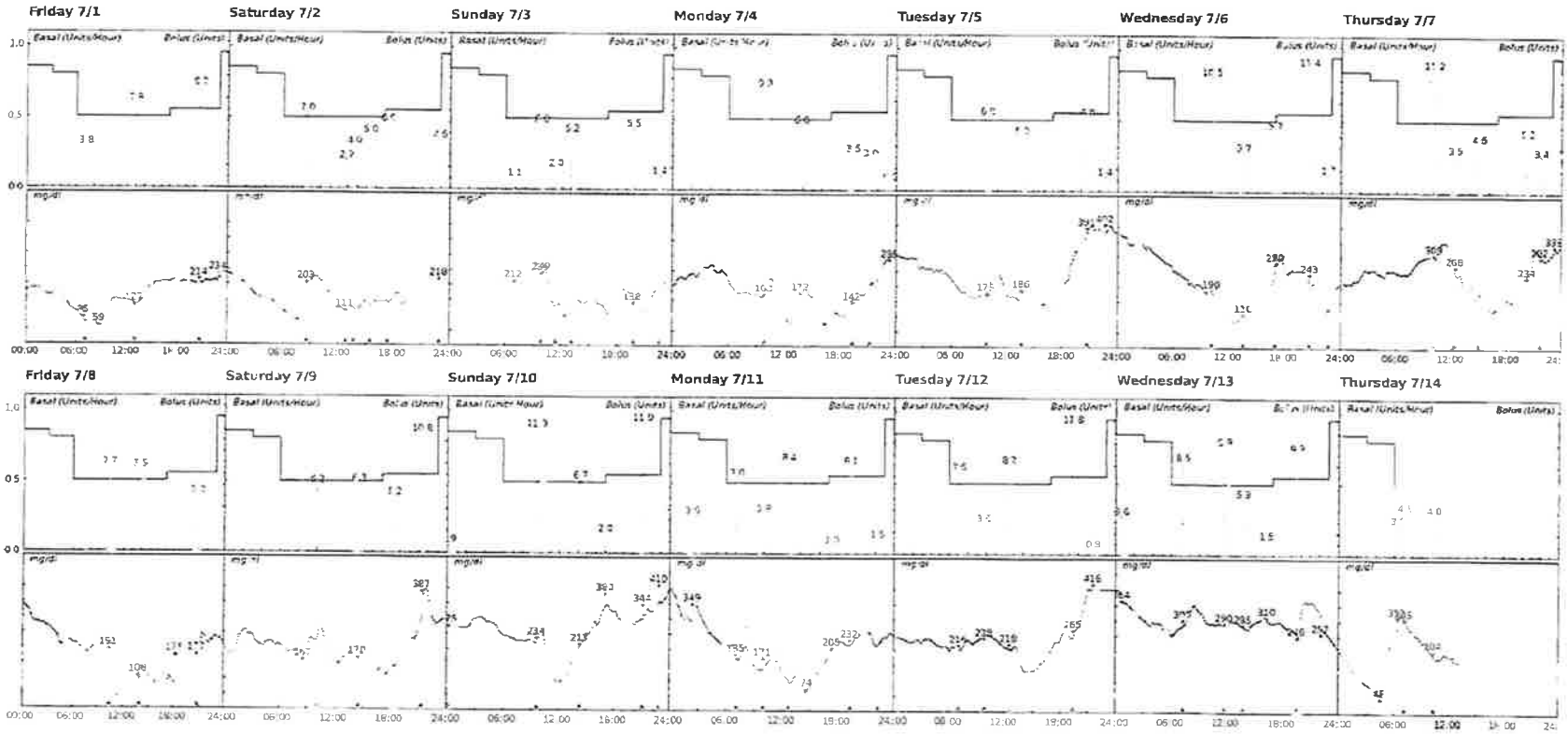
Date interval:
Number of days:

diasend

Glucose meters:

Insulin pump:

Comparison : Day by day overview



28
Tab Number

Continuous Glucose Monitoring
Issue

95250 - 95251
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

Allan R. Glass, M.D.

Printed Signature

Endocrine Society

Specialty Society

August 24, 2016

Date

28
Tab Number

Continuous Glucose Monitoring
Issue

95250-95251
Code Range

Attestation Statement

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Signature

Felice Caldarella, MD, FACP, CDE, FACE
Printed Signature

American Association of Clinical Endocrinologists (AACE)
Specialty Society

September 6, 2016
Date

28
Tab Number

Continuous Glucose Monitoring
Issue

95250-95251
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

Howard Lando, MD, FACP, FACE
Printed Signature

American Association of Clinical Endocrinologists (AACE)
Specialty Society

September 6, 2016
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT® Long Descriptor: Ambulatory continuous glucose recording 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 Period: XXX Meeting Date: October 6, 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 recommendations were developed following discussions by an expert panel convened by AACE and the Endocrine Society. The expert panel included the RUC and CPT® Advisers from each society as well as other society members known to have extensive experience with this service.

   Expert panel members decided to substantiate their recommendations by collecting data on the clinical staff time from their personal practices. Panel members asked their clinical staff to keep a record for several weeks of patients undergoing continuous glucose monitoring (CGM). The clinical staff recorded the total clinical staff time for each patient for the encounter as well as the type of professional who was providing the service. Separate records were kept for the day of CGM placement (when the patient is hooked up to the CGM device) and the day of return (when the patient returns the CGM device back to the physician after wearing it at home for 72 hours). All data had been stripped of all patient identifiers prior to being submitted. Standard statistical analysis was performed on the data from 41 patients that was provided by five physicians. Results are listed below:

TOTAL CLINICAL STAFF TIME

	Placement Day	Return Day
Median	55	30
Mean	57	31
Standard deviation	14	16
Number	41	41

PROVIDER TYPE

CDE*	27	17
RN/CDE	10	10
NP	4	4
LPN	0	10

* CDE = certified diabetes educator. CDEs undergo advanced training and certification. Most CDEs are registered nurses or registered dietitians. LPNs and MTAs are not eligible to become CDEs.

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.

The reference code selected for the PE spreadsheet was the current CPT® code for this service, 95250, as per the RUC instructions.

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: NA

5. Please describe in detail the clinical activities of your staff:

Pre Service-Period Clinical Labor Activities: None

Service-Period Clinical Labor Activities:

- Prepare room, supplies
- Greet patient, gowning, check medical records
- Preparation of skin site and placement of sensor by clinical staff
- Attachment of transmitter by clinical staff and initiation of sensor session on receiver
- Clean room
- Removal of sensor
- Explanation of purpose of continuous glucose monitoring (CGM) and duration of test
- Explanation of difference between CGM and home blood glucose testing with finger sticks
- Explanation of parts of CGM device (sensor, transmitter & receiver)
- Explanation of general patient management of CGM device (placement during sleep; care during shower, exercise and other daily living activities)
- Explanation of how to maintain patient diary of activity, food, and medication
- Explanation of necessity of continuing finger sticks during CGM period and basing treatment during CGM period on the finger stick results and not on the CGM readings
- Explanation of importance of entering blood glucose results into CGM device twice daily (three times on day one)
- Explanation of how to enter blood glucose results into CGM device
- Explanation of precautions during CGM period (continue all medications, avoid acetaminophen, keep insulin injections at least 3 cm from sensor site, keep receiver within 20 feet of sensor)
- Explanation of button functions on CGM device
- Explanation of menus on CGM
- Explanation of trend graphs
- Explanation of profile choices
- Explanation of how to enter events into diary and devices and importance of doing so
- Explanation of when and how to charge receiver
- Explanation of alerts: selection of choices, programming, patient responses
- Explanation of CGM device settings
- Explanation of shutdown and stop sensor
- Explanation of placement choices for CGM sensor
- Explanation of two-hour startup period and entering startup blood glucose results
- Explanation of how to ensure accuracy of blood glucose meter and requirement to use same meter during entire period of CGM use
- Explanation of procedure if sensor site is uncomfortable or painful
- Explanation of procedure if tape or dressing begins to peel off
- Explanation of procedure if sensor falls off
- Explanation of resources available for assistance (i.e. Quick start guide, device manual, toll free numbers, educator's number/email

Post Service-Period Clinical Labor Activities:

- Recharging of CGM device
- Cleaning of CGM device
- Preparation of forms
- Downloading of data from CGM device to computer
- Downloading of events (meals, meds, etc.) from patient diary and/or blood glucose meter to computer
- Downloading of finger stick results from blood glucose meter and/or patient record to computer
- Utilizing computer to conduct appropriate data analyses
- Preparation on computer of appropriate formats for data display
- Printing out of CGM data and displays (equipment ED032, ED021)

*CPT five-digit codes, two-digit number modifiers, and descriptions only are copyright by the American Medical Association. No payment schedules, fee schedules, relative value units, scales, conversion factors, or components thereof are included in CPT. The AMA is not recommending that any specific relative values, fees, payment schedules, or related listings be attached to CPT. Any relative value scales or relative listings assigned to CPT codes are not those of the AMA, and the AMA is not recommending use of these relative values.

	A	B	C	D	E	F
1				REFERENCE CODE		RECOMME
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**95250 current RUC inputs**		**95250 reco 20**
3	**Meeting Date: October 2016 Tab: 28 Specialty: Endocrinology**	**CMS Code**	**Staff Type**	CPT® CODE DESCRIPTOR Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours;		CPT® CODE D Ambulatory con monitoring of i fluid via a subcu for a minimur
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**107.0**	**0.0**	**85.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**5.0**	**0.0**	
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L047D	RN/RD			**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**77.0**	**0.0**	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L047D	RN/RD			**52.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L042A	RN/LPN			**8.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**25.0**	**0.0**	
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	L042A	RN/LPN			**25.0**
14	**PRE-SERVICE**					
15	**Start: Following visit when decision for surgery or procedure made**					
16	Complete pre-service diagnostic & referral forms					
17	Coordinate pre-surgery services					
18	Schedule space and equipment in facility					
19	Provide pre-service education/obtain consent					
20	Follow-up phone calls & prescriptions					
21	Other Clinical Activity - specify: Verify supplies available	L037D	RN/LPN/MTA	**5**		
22	Other Clinical Activity - specify: Verify supplies available	L047D	RN/RD			
23	**End: When patient enters office/facility for surgery/procedure**					
24	**SERVICE PERIOD**					
25	**Start: When patient enters office/facility for surgery/procedure:**					
26	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		
27	Greet patient, provide gowning, ensure appropriate medical records are available	L047D	RN/RD			**3**
28	Obtain vital signs	L037D	RN/LPN/MTA	**3**		
29	Provide pre-service education/obtain consent					
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		
31	Prepare room, equipment, supplies	L047D	RN/RD			**2**
32	Setup scope (non facility setting only)					
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		
34	**Intra-service**					
35	Assist physician in performing procedure					
36	Other Clinical Activity - specify: Inserting and initializing the device, education/instruction/counseling (see attached addendum and SOR)	L037D	RN/LPN/MTA	**60**		
37	Other Clinical Activity - specify: Inserting and initializing the device, education/instruction/counseling (see attached addendum and SOR)	L047D	RN/RD			**47**
38	**Post-Service**					
39	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4					
40	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1					
41	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**4**		
42	Clean room/equipment by physician staff	L042A	RN/LPN			**3**
43	Clean Scope					
44	Clean Surgical Instrument Package					
45	Complete diagnostic forms, lab & X-ray requisitions					
46	Review/read X-ray, lab, and pathology reports					
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					
48	Other Clinical Activity - *specify: Remove sensor*	L042A	RN/LPN			**5**
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**
52	**End: Patient leaves office**					

	A	B	C	D	E	F
1				REFERENCE CODE		RECOMME
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**95250 current RUC inputs**		**95250 reco 20**
3	**Meeting Date: October 2016 Tab: 28 Specialty: Endocrinology**	**CMS Code**	**Staff Type**	CPT® CODE DESCRIPTOR Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours;		CPT® CODE D Ambulatory con monitoring of i fluid via a subcu for a minimur
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**
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**
57	99211 16 minutes					
58	99212 27 minutes					
59	99213 36 minutes					
60	99214 53 minutes					
61	99215 63 minutes					
62	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**
63	Other Clinical Activity - *specify: Downloading data, removing equipment*	L037D	RN/LPN/MTA	**25**		
64	Other Clinical Activity - *specify: Downloading data* (see attached addendum and SOR)	L042A	RN/LPN			**25**
65	**End: with last office visit before end of global period**					
66	**MEDICAL SUPPLIES***	**CODE**	**UNIT**			
67	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**
68	pack, shower protection for insulin pump	SA057	pack	**1**		**0**
69	gloves, sterile	SB024	pair	**0**		**0**
70	**sensor, glucose monitoring (interstitial)**	SD114	item	**1**		**1**
71	dressing, 4in x 4.75in (Polyskin)	SG036	item	**1**		**1**
72	dressing, OpSite IV 3000	SG045	item	**1**		**0**
73	gauze, sterile 4in x 4in	SG055	item	**2**		**0**
74	swab-pad, alcohol	SJ053	item	**1**		**1**
75	paper, laser printing (each sheet)	SK057	item	**25**		**9**
76	battery, AA	SK095	item	**4**		**0**
77	**EQUIPMENT**	**CODE**				
78	printer, laser, paper (for line 64)	ED032		**25**		**2**
79	computer, desktop, w-monitor (for line 64)	ED021		**60**		**15**
80	table, exam	EF023		**90**		**60**
81	glucose continuous monitoring system	EQ125		**4320**		**4400**

	A	B	C	G
1				ENDATION
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**mmendation 16**
3	**Meeting Date: October 2016 Tab: 28 Specialty: Endocrinology**	**CMS Code**	**Staff Type**	ESCRIPTOR- tinuous glucose terstitial tissue taneous sensor of 72 hours;
4	**LOCATION**			**Facility**
5	**GLOBAL PERIOD**			**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L047D	RN/RD	**0.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L047D	RN/RD	**0.0**
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L042A	RN/LPN	**0.0**
12	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	L042A	RN/LPN	**0.0**
14	**PRE-SERVICE**			
15	**Start: Following visit when decision for surgery or procedure made**			
16	Complete pre-service diagnostic & referral forms			
17	Coordinate pre-surgery services			
18	Schedule space and equipment in facility			
19	Provide pre-service education/obtain consent			
20	Follow-up phone calls & prescriptions			
21	Other Clinical Activity - specify: Verify supplies available	L037D	RN/LPN/MTA	
22	Other Clinical Activity - specify: Verify supplies available	L047D	RN/RD	
23	**End: When patient enters office/facility for surgery/procedure**			
24	**SERVICE PERIOD**			
25	**Start: When patient enters office/facility for surgery/procedure:**			
26	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	
27	Greet patient, provide gowning, ensure appropriate medical records are available	L047D	RN/RD	
28	Obtain vital signs	L037D	RN/LPN/MTA	
29	Provide pre-service education/obtain consent			
30	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	
31	Prepare room, equipment, supplies	L047D	RN/RD	
32	Setup scope (non facility setting only)			
33	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	
34	**Intra-service**			
35	Assist physician in performing procedure			
36	Other Clinical Activity - specify: Inserting and initializing the device, education/instruction/counseling (see attached addendum and SOR)	L037D	RN/LPN/MTA	
37	Other Clinical Activity - specify: Inserting and initializing the device, education/instruction/counseling (see attached addendum and SOR)	L047D	RN/RD	
38	**Post-Service**			
39	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4			
40	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1			
41	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	
42	Clean room/equipment by physician staff	L042A	RN/LPN	
43	Clean Scope			
44	Clean Surgical Instrument Package			
45	Complete diagnostic forms, lab & X-ray requisitions			
46	Review/read X-ray, lab, and pathology reports			
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			
48	Other Clinical Activity - *specify: Remove sensor*	L042A	RN/LPN	
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			
52	**End: Patient leaves office**			

	A	B	C	G
1				ENDATION
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			mmendation 16
3	**Meeting Date: October 2016 Tab: 28 Specialty: Endocrinology**	**CMS Code**	**Staff Type**	ESCRIPTOR- tinuous glucose terstitial tissue taneous sensor of 72 hours;
4	**LOCATION**			**Facility**
5	**GLOBAL PERIOD**			**XXX**
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**
57	99211 16 minutes			
58	99212 27 minutes			
59	99213 36 minutes			
60	99214 53 minutes			
61	99215 63 minutes			
62	**Total Office Visit Time**			**0.0**
63	Other Clinical Activity - *specify: Downloading data, removing equipment*	L037D	RN/LPN/MTA	
64	Other Clinical Activity - *specify: Downloading data* (see attached addendum and SOR)	L042A	RN/LPN	
65	**End: with last office visit before end of global period**			
66	**MEDICAL SUPPLIES***	**CODE**	**UNIT**	
67	pack, minimum multi-specialty visit	SA048	pack	
68	pack, shower protection for insulin pump	SA057	pack	
69	gloves, sterile	SB024	pair	
70	**sensor, glucose monitoring (interstitial)**	SD114	item	
71	dressing, 4in x 4.75in (Polyskin)	SG036	item	
72	dressing, OpSite IV 3000	SG045	item	
73	gauze, sterile 4in x 4in	SG055	item	
74	swab-pad, alcohol	SJ053	item	
75	paper, laser printing (each sheet)	SK057	item	
76	battery, AA	SK095	item	
77	**EQUIPMENT**	**CODE**		
78	printer, laser, paper (for line 64)	ED032		
79	computer, desktop, w-monitor (for line 64)	ED021		
80	table, exam	EF023		
81	glucose continuous monitoring system	EQ125		